

The Psychoanalytic Study of the Child

VOLUME VI

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PROBLEMS OF CHILD DEVELOPMENT

The Austen Riggs Foundation in Stockbridge, Mass., invited Anna Freud, her former collaborators, and a selected group of child analysts and psychiatrists to a two-day discussion meeting on April 23-24, 1950, chaired by Robert P. Knight. It was originally planned to publish the entire discussion. Unfortunately, however, the recording did not prove satisfactory, and it was with great regret that the editors had to limit publication in this volume to the more comprehensive and prepared presentations. The only omission from this group of presentations is a paper by Dr. Edith B. Jackson on "Rooming-in Research Project," which was published in Volume V of This Annual.

Participants in the discussion were:

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Erik H. Erikson
Elisabeth R. Geleerd, M.D.
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OPENING REMARKS ON PSYCHOANALYTIC CHILD PSYCHOLOGY

By ERNST KRIS, Ph.D. (New York)

It is the purpose of this meeting to stimulate a free discussion of problems of psychoanalytic child psychology by Miss Freud, without imposing on her the burden of a prepared paper. Moreover, no single paper could satisfy the curiosity of those assembled here. Many of us feel that this is the opportunity at long last to check with Miss Freud wherever possible, on common views in the area of psychoanalytic child psychology, to establish where alternative views exist, and to discuss plans and methods for future investigations as they seem required by the tension between what we know and what we need to know. To a part of the audience the situation of an extended discussion with Miss Freud is a familiar one; familiar it is to Miss Freud's collaborators and students in child analysis, and to those of us who as silent participants shared the work of her seminars. To others it is a novel experience. It is hoped that the spirit of old can be revived here for a few short hours.

It was thought best to offer as a starting point for the subsequent discussion a brief, historically oriented survey which, though incomplete, should lead into a discussion of various trends of current investigations. Fortunately many investigators working in the field are here assembled, therefore no reference will be made to individuals or teams; neither is it my intention to point to all existing trends. I shall explicitly refer only to some problems which seem particularly relevant, likely to stimulate discussion and controversy, and hence—I hope—appropriate to the opportunity this meeting offers.

The increased interest in the psychoanalytic study of the child since the early nineteen twenties coincided with a decisive phase in the development of psychoanalysis. I here mention two aspects of this development. First, the transition from topographical stratification of the psychic apparatus to structural concepts; i.e., the beginning of Ego Psychology. Second, the increased understanding of the preoedipal experiences of the child and their etiological importance. Child analysis has made early contributions to both problems. The contributions to ego psychology proper consisted at first in a refinement of systemization of our knowledge of defense mechanisms, largely based on the analytic

study of the child during the latency period. Freud had pointed to the special importance of typical danger situations against which defenses were mobilized; hence the special position of the latency child, who has just escaped the dangers of the oedipal phase.

To the more detailed knowledge of the preoedipal phase child analysis supplied a large mass of data. They were, however, less conclusive since, as far as the early phases of development are concerned, even the child analyst works by reconstruction. In this specific area reconstructions had to be based largely on extrapolation. By extrapolating from psychotic mechanism to early childhood the Kleinian theories were formulated and an area of controversy arose. The last ten years have, I believe, contributed much to clarify this controversy. The valuable thoughts of the Kleinian school and its shortcomings have both become evident.

This controversy was one of the factors which stimulated more consistent attempts to supplement data gathered through analysis of children and adults by data of direct observation of the child during the early stages of development. Not that the contribution of observation had started at this point; it had been postulated by Freud already in "The Three Contributions" but through this controversy the importance of observations became more obvious. They were carried out in a large number of setups and confirmed the view of those who stressed the importance of the child's concrete environment for its development, a point underrated by the Kleinian School. The observational approach was in part facilitated by the conceptual clarification initiated by Freud in *The Problem of Anxiety*.

Psychoanalytic ego psychology with its central concept of the *danger situation* and its distinction of typical danger situations for each phase of development was formulated as a theory of learning. Adjustment and learning are processes which refer to the interaction between organisms and environment.

Psychoanalytic ego psychology has set out to embrace a wide field: It deals not only with those ego functions which mediate between conflicting demands of id, superego and environment but also with the wide area of functions, which are not or only in a minimal way involved in conflict; or, to put it differently, functions that at an early stage of development emerge from conflict and become autonomous (Hartmann). It is with these functions that other approaches to the study of child development had been mainly preoccupied. It seems appropriate at this point briefly to comment on the relation of psychoanalytic child psychology to other approaches to developmental psychology.

The question how far the data collected by nonanalytic observers

can be used by those who study the child with psychoanalytic orientation has been with us for some time. There seems little doubt that where growth and maturational processes are concerned their value is considerable, and that where the social behavior of the child is at stake they tend to become useless. One might say that these two areas are to some extent roughly correlated to the relative absence or presence of conflict involvement. It seems therefore that tests and measurements can approximately establish the level of the child's development as far as the maturation of the ego apparatus and the autonomous ego functions are concerned; a distinction between both is easier the more we approach later phases of childhood. One may therefore feel that tests and measurement could in the future become useful aides in diagnosis and in the attempt to approach a crucial area to which so little has been contributed—the quest for the conditions under which special aptitudes and talents develop.

The data relating to developmental psychology appear in a different light, where psychologists use psychoanalytic thinking. This is happening to an ever-increasing extent. Up to the present, investigations of this kind have formalized certain problem areas. Moreover, they have facilitated the demonstration of psychoanalytic tenets to those to whom psychoanalytic data were inaccessible. They also serve the function of intrascientific communication. But they are still scant and have not yet produced new insight. Estimates of the chances that they may do so in the future vary according to the training of the investigators, the methods they employ, the goal they have in mind, and a number of other factors.

Even in the ideal case the difference between psychoanalytic and academic investigations does not only rest in a difference of emphasis. It is not only one of much "scientific rigor" versus less of it, of artificial laboratory problems versus the richness of life. Some of these differences, I believe, can be traced back to the dichotomy between what I should like to characterize as that of action research and "pure" research. In order to avoid misunderstandings, let me say that here we are not dealing with methodology of science but with procedures in research, i.e., the procurement of data.¹ The traditional view, that "pure" research establishes the general laws, while action research is limited to the preparation of action seems applicable only in a limited number of cases. It certainly is not applicable to the science of human behavior in the broadest sense, and the very fact that this is gradually being recognized

1. The difference between both has recently been discussed in various contexts; see, f.i., the discussion in *The Journal of Social Issues*, II:4, Nov. 1946, "Action and Research—A Challenge."

may at least in part be due to the influence of psychoanalysis (e.g., on the late Kurt Lewin).

In general studies of child development, this view tends still to be neglected. It is still assumed that the less the observer interferes, the more significant, i.e., the more reliable, will his findings be. To this we oppose the view that in many—or better—in most problem areas the growing infant and child can only be studied in his environment of which an adult (his mother) is part. We may have a third person reporting about the two—but there are two to report about.

Attempts to isolate factors are to be viewed with some distrust. Much in our knowledge of speech development is based on Gesell, and Gesell's data are in turn to a considerable extent based on co-twin observations. How were some of these data gained? At the age of one and three-quarter years, one twin was "taught" to speak, i.e., his speech development was stimulated, the other twin's development was not stimulated. For the purpose of the experiment they had not only been separated from each other for five weeks but had also been separated from their families. You will admit that this in itself creates a very specific situation. The "not-stimulated" twin was, during the period of training of the other, i.e., during five weeks, kept in a speechless environment: nurses and psychologists pretended muteness. When after five weeks the language development of this child was being studied what did the observers obtain? Did they gain evidence on the influence of maturation on learning (Gesell) or evidence on maturation under the particular conditions of a specific and frustrating situation?

Psychoanalysis has grown up as action research. We have learned to investigate as part of the therapeutic procedure and have been trained to take our own actions into account. It seems plausible that in our future work we should not discard this tradition. It has served us well.

As a method of investigation, action research is naturally not limited to psychoanalysis. It characterizes many situations in which the observer takes part; including particularly the functions of pediatrician, nurse and teacher. It determines also the attitude of the psychoanalytically trained observer to his subject. This attitude is decisively influenced by the therapeutic and preventive intention.

Needless to say that such an intention harbors dangers. Therapeutic and preventive enthusiasm tend to distort the observer's attitude. The history of analysis is replete with instances that could be used to illustrate this point. Let us therefore say that the intention of which I speak has to be controlled, and aspects are sometimes overlooked. It is this intention that creates the situations in which new data become acces-

sible. The historical basis of psychoanalytic child psychology are Freud's findings concerning the stages of psychosexual development, discovered during psychoanalytic therapy with adults. A quarter of a century later, based on insight into psychoanalytic ego psychology and the nature of preoedipal attachments, Freud outlined two stages in the development of object relations; the need for gratifying objects—the anacletic object relation—and the later need for the permanent love object. The study of these two overlapping phases, which cover a large variety of phenomena, has proved immensely stimulating and fruitful in every sense.

In studying differences between institutionalized and non-institutionalized children, the extent to which even maturational processes depend on environmental factors has recently been investigated. The hypotheses which the observers had in mind were derived from Freud's formulation on object relations, originally gained in psychoanalytic work with adults. The insight into the degree to which the child's immediate physical dependence on the mother, its anacletic object relation, is supplemented and paralleled by its psychological dependence on her, the recognition of the traumatic effect of separations, has been elaborated and consolidated over two decades. And yet, at every point our knowledge is fragmentary; details are missing and the specific interconnections are uncertain.

One of the difficulties that deserve to be mentioned concerns the connection between the development of object relation and ego formation on the one side, and the psycho-sexual development of the child on the other. In reading over some recent publications, one feels as if two sets of problems were kept apart or as if the closeness of the interconnection was not always or not sufficiently evident. This may have several reasons. One of them seems to be obvious: while our theory is refined and our observational skills are considerable in questions pertaining to the libidinal development, we still feel a far lesser degree of familiarity when we are confronted with studying the economy of aggression. And yet the development and socialization of both groups of instinctual impulses can, as we know, not be separated from each other. They cannot be separated from the study of object relation; nor can that area be separated from the study of the development of the ego functions of the child. Freud's conception of the role and the transformation of psychic energy provides the link between these areas of problems, i.e., in the assumptions that the love object is cathected with libido and aggression, that the early identification with the love object leads to the cathexis of the ego with energy, neutralized, or at least in part neutralized. As a consequence of these assumptions one might expect that the permanent cathexis of the ego with neutralized energy—

one of the surmised conditions of ego autonomy—is dependent on the quality of the preceding object relation.

It could easily be demonstrated that a large number of concrete observations and investigations in the details of the early mother-child relationship are directly related to these assumptions—though both, the recent investigations and Freud's assumptions—cover much independent ground.

In view of these experiences we may well state with some confidence that psychoanalytic theory has offered a useful framework even in most recent phases of work. In fact it seems to me that in a not too distant future the attempt may well be made to describe, explicitly and in detail, the relation between these recent interests and our theoretical assumptions. Such explicitness would permit us to establish not only what we know but also to ascertain the most glaring and painful gaps in our knowledge. The leading trends in most investigations of psychoanalytic child psychology could be characterized as the study of the child's personality development during the sequence of typical danger or stress situations and as study of the typical methods of adjustment in the development of psychic structure and defense. But the question how this "personality formation" takes place is in many respects an open one. The more we know, the less we feel that we know the essential. Not only does every piece of new insight pose new questions—a natural process in science—also our own demands are growing. New questions are being suggested by the very goals that explicitly or implicitly determine so much of our research.

The driving power is the quest for prevention. This quest not only impinges from the outside upon our work, reflecting the needs of the community. It is not only firmly rooted in the personality of investigators who have grown up in therapeutic work; the quest for prevention supplies also the basic questions that further investigation should clarify.

Which method of child care, which distribution of indulgence and deprivation, seems most promising? In response to these questions, doctrines of child care and education tend to arise; advocacy of maximal indulgence, avoidance of all restrictions, etc. Some of these thoughts have led to organized research of a semiexperimental kind in the study of early feeding procedures particularly in relation to self-regulation. The idea is highly suggestive but the difficulties are obvious. How rarely is it possible to rely on the change one type of procedure of child care has introduced, since that procedure is embedded in the infinite complexity of the environment?

In therapeutic practice the simultaneous treatment of mother and

child, and the therapy of the child through treatment of the mother have proved useful. These therapeutic procedures clearly derived from the theoretical assumptions stated above. At the same time our views and data have been decisively enriched by the experience of the clinician.

Without further insisting on the interaction of therapeutic and preventive orientation and theoretical assumptions, let me mention other leading questions which seem to be omnipresent: How soon can we, from observational data, predict that pathology exists in a given child; how soon can we spot it from the child's behavior, from the child-family unit, or the history of mother and child? Which therapeutic steps are appropriate to each age level and its disturbance, or to each typical group of disturbances?

Our criteria of diagnosis and indication require constant refinement; the severity of one isolated symptom does not lend itself as indication for therapy. The self-healing qualities of further development are little known. How much can latency, can prepuberty, can adolescence do to mitigate earlier deviation or to make the predisposition to such disturbances manifest? Also these are questions that tend to be discussed in various types of follow-up studies.

These and other questions not mentioned here are bound to direct us into an area which, never abandoned, has by necessity been left underdeveloped. This distressed area of psychoanalysis is the study of the normal and we are directed to it by many considerations. It has been said that the study of the neurotic cannot be separated from that of the normal (Hartmann); if this is true for the adult, how much more relevant is this point for the problems of child development? Briefly, I believe that with or without our avowed intention, we are forced to postulate that psychoanalytic child psychology embraces the total field of normal and abnormal development, that it be the center around which other approaches should be organized, and that it gradually develop methods for such integration. Much ground will have to be covered before this goal can be reached, and here we are concerned with some of the steps leading toward it. Which type of setup, which kind of observational facilities are most appropriate to our purposes at hand? Let me state at this point my own view in this matter. Every such setup, every observational technique can provide us only with partial answers, makes only a part of the field visible.

There are those who want the burden to be shifted to most exact, most continuous observations of the family setup. But the shadowy observers, who would live with the family, would obviously disrupt the family and even the most shielded home visit has its temporal or situa-

tional limitations. The advantages of the residential nurseries to which we owe so much as compared to observation in day nurseries and kindergarten are obvious. And yet the artificiality of the extrafamilial setup implies naturally its limitations.

Limitations of an observational method are by no means accidental. They are partly inherent in the nature of the child. A large number of observers are inclined to draw conclusions from spot-observations, i.e., from short-time intensive observation in home or nursery. The limitations of this method, well known to these observers, can be illustrated by mentioning two problems, the problem of *behavior constancy* and the problem of the child's *regression rate*. The constancy of behavior under various situations is limited with the adult. It is not only more limited with the child, and infinitely so, but subject to extraordinary variations according to the child's state of development and a large number of individual factors, e.g., fear of the new, shyness, ease or difficulty in forming substitute object relationships, in fitting into the group, etc. The question, then, under which conditions and which children show a high or low constancy of behavior and what constancy distribution is "normal"—a question related to ego development—will be accessible only if a large amount of observations are combined and probably if various observational setups can supplement each other. The behavior to which I refer by regression rate may prove to be a useful indicator in a similar sense. How far does a child regress under stress, fatigue, or in response to any one specific or many unspecific frustrations? With two-year-olds the end of a nursery period looks strikingly different from its beginning, with some children markedly more so than with others. It is not only the expectation of the mother but, as some details indicate, the very duration of the nursery period that has instigated regressive behavior.

Advantages and disadvantages of each setup in which investigation is being carried out can be evaluated only if we take the hypothesis into account which the investigators have in mind, and in each such case the awareness of the limitations is part of both planning of research and evaluation of results.

One of the suggestions for future investigation that some of us consider as essential and promising can briefly be stated. Most of our hypotheses—and many that have not been mentioned here—require prolonged patient observation of individual children in various observational setups over many years. In this connection one could speak of a study population that can be followed from the prenatal period into later life. If the suggestion of such longitudinal studies needed to be justified at all it could be done by saying that such studies would

supply data to some extent similar to those to which we are used in psychoanalysis. To some extent they would be dissimilar and supplement the data to which we are used. The ideal combination might exist if an individual known by such studies would at a later date be observed in psychoanalytic treatment. Only then would the data gained by observation attain their full significance. It remains the prerogative of the reconstructive method to establish the etiological relevance of experiences in the child's life, to show how various phases of the past were interrelated, to see the life history as a whole as it is organized by the personality and in turn has organized it.²

2. Some of the problems mentioned here are discussed in greater detail in my paper "Notes on the Development and on Some Current Problems of Psychoanalytic Child Psychology," *This Annual*, V, 1950.

OBSERVATIONS ON CHILD DEVELOPMENT

By ANNA FREUD (London)

In a stimulating introduction to this symposium, Ernst Kris has set up the framework within which an interchange of ideas about current problems in psychoanalytic child psychology may prove fruitful. Since my own contribution to the discussion refers to a piece of direct observation of young children carried out in the Hampstead Nurseries during the war,¹ I am particularly grateful to him for his remarks concerning work of this nature. For the psychoanalyst who deals habitually with latent, repressed and unconscious material, which has to be drawn into consciousness by the laborious means of the analytic technique, a shift of interest to the observation of manifest, overt behavior marks a step which is not undertaken without misgivings. As psychoanalysts we are not interested in behavioristic data for their own sake. We ask ourselves whether observational work outside of the analytic setting can ever lead to new discoveries about underlying trends and processes, and can thereby supplement the data gathered through the analyses of adults and children. It is therefore helpful to be reminded that the origin of our analytic knowledge of children is not as exclusively centered in the analytic situation between analyst and patient as we are inclined to believe sometimes. It is true that the basic data concerning the phases of libido development and the oedipus and castration complex were extracted during the psychoanalytic exploration of normal, neurotic or psychotic adults and children, i.e., with the help of the analytic technique of free association, and the interpretation of dreams and transference manifestations. But in later stages many data were added to this body of knowledge which came from sources less purely analytical. When the knowledge concerning infantile sexuality and its transformations had once spread in the circle of psychoanalytic workers, direct observation of children began. Such observations were carried out first by parents, either under analysis or analysts themselves, on their own children, and were recorded regularly in special columns of the psychoanalytic journals of the time. When psychoanalysis began

1. Freud, A. and Burlingham, D. T. *War and Children*, George Allen & Unwin, London, 1942 and Int. Univ. Press, New York, 1943; *idem*, *Infants Without Families*, George Allen & Unwin, London and Int. Univ. Press, New York, 1944.

to be applied to the upbringing of children, the analysis of teachers and nursery school workers became a frequent occurrence. The observational work of these, professionally trained, people had the advantage of being undertaken with greater objectivity and more emotional detachment than parents can muster when confronted with the behavior of their own children. It had the further advantage of dealing not only with individuals but with groups. A further source of information was opened up when psychoanalysis began to be applied, not to normal educational work only, but to work with delinquent and criminal children, and when, again, workers in this field were analyzed, trained, supervised, and encouraged to observe. It was the common characteristic of all these classes of investigators that their observational work was done on the basis of their personal analyses and their analytic training and that it was linked with practical activities with children (upbringing, teaching, therapy). The results helped to swell the body of existing analytic knowledge, even though, as Ernst Kris maintains, they did not break new ground.

This, then, is the category to which the observations carried out in the Hampstead Nurseries (1940-1945) belong. Far from being any form of planned research, they were no more than the by-product of intensive, charitable war work, and financed as such.² Since all efforts failed to obtain additional funds for the purposes of observation, recording and classifying of material, etc., all such activities had to be relegated to the spare off-time of the workers and was undertaken as their voluntary effort. Apart from this drawback, the setup of the institution was ideal for the purposes of observation. The choice of the case material was completely in the hands of the organizers; so were the practical arrangements for the children's lives. Contact with the children was of the twenty-four-hour kind. Circumstances made it possible to admit children from the age of ten days upward, and to keep many of them for the whole term of the war. Approximately a fifth of the cases were admitted together with their mothers who remained in the Nurseries for periods ranging from several days to several years. This variation in the case material made it possible to see children, almost from birth, in contact with their mothers or deprived of mother care, breast-fed or bottle-fed, in the throes of separation or reunited with their lost objects, in contact with their mother substitutes and teachers, and developing relations with their contemporaries. The stages of libidinal and aggressive development, the process and the effects of weaning and toilet training, the acquisition of speech and of the various ego func-

2. By the Foster Parents' Plan for War Children, Inc., New York, an American charitable organization.

tions with their individual variations could be followed closely. The abnormal circumstances of the children's lives served to stress the importance of certain factors through the distorting influence exerted by their absence (lack of fathers, of a family situation, of normal sexual observation of the parents, imitation of and identification with them, etc.).

It was a further favorable factor that, apart from a small group of highly qualified people (five or six for a resident population of eighty infants and children), the staff was built up from young people, eager for an adventure in education and observation, untrained for this type of work but also untrained in methods hostile to it. While being taught how to handle the children, they were taught as much psychoanalytic child psychology as the material demonstrated, i.e., the essentials of it. They were not analyzed at the time, though for many of them work in the Hampstead Nurseries became a prelude to a later personal analysis and to training in the field of analytic child therapy.³

The observational work itself was not governed by a prearranged plan. Emulating the analyst's attitude when observing his patient during the analytic hour, attention was kept free-floating and the material was followed up wherever it led. The fact that the effects of early separation from the mother, feeding habits, toilet training, sleep, anxiety, etc., were in the center of attention at different times was determined by the happenings among the children, not predetermined by fixed interests of the observers. Though this is a true description of the attitude of the organizers and their qualified colleagues, the position was different where the student workers were concerned. The subjects on the observation cards which arrived in a continuous stream from the staff—the material on which this contribution is based—fluctuated according to the subjects under discussion in the lectures, seminars and general meetings of the staff. When the eyes of the workers had been opened to see the action of one or another specific factor in the child's life, attention was concentrated for a while on this particular aspect. Some authors may be of the opinion that such an attitude betrays the subjective nature of the observations and detracts from their value. The writer herself does not hold this view. Observations, such as those described here, are not "objective" in the true sense of the word, in any case. The material which presents itself is seen and assessed not by an instrument,

3. It would be unfair to ascribe responsibility for any shortcomings of the work to the very severe war conditions which reigned in England at the time. On the contrary, the experience of common danger, common anxiety and strain, created in the staff an atmosphere of enthusiasm and exclusive devotion to the common interests which it would be difficult to duplicate under peacetime conditions.

nor by a blank and therefore unprejudiced mind but on the basis of pre-existent knowledge, preformed ideas and personal attitudes (though these should be conscious in the case of the analyzed observer). With the existence of this bias in mind, the participants in the experiment knew that they were not so much recording data as checking the children's behavior against the analytic assumptions about the hidden trends in the child's mind. For the analyst who derives his conviction of the validity of the analytic findings from applying the microscope of the psychoanalytic technique, it is an exciting experience to work for once with the naked eye and to discover how far the happenings in the deeper layers are actually reflected in behavior—if one looks for them. On the other hand, when assessing the value of such work which can be called neither analytic nor purely observational, it will be necessary to keep its limitations in both directions fully in mind.

For the purpose of this particular Symposium, I present in the following pages some types of data collected in the Hampstead Nurseries, grouped according to their suitability to illustrate, to confirm, to amend, or to widen existent analytic knowledge.

ILLUSTRATIONS AND CONFIRMATIONS

The Phases of Libido Development Reflected in the Child's Behavior

Ernst Kris has repeatedly drawn attention to the fact that the correct reconstruction of the phases of pregenital development from the analysis of adult neurotics is one of the most impressive achievements of early psychoanalytic work. Although every analyst has had ample opportunity to repeat this discovery in his daily work with patients, we still welcome confirmation of it in direct observation. In adult analysis, infantile sexuality is seen dimly, in retrospect, reconstructed from the conscious and unconscious residues which act as disturbers of adult genitality. In the analysis of neurotic children, on the other hand, the analyst is presented with pictures of fixation and regression to one particular libidinal phase which, through its pathogenic overemphasis, blots out the importance of all others. None of these experiences during analytic work compares therefore in vividness, colorfulness and convincing strength with the impressions which we receive when following the gradual growth and development of a group of normal infants, and seeing the pregenital urges build up a sexual life in its own right undisturbed by later overlays. While observing the coming and

going of the manifestations of pregenitality in their inexorable sequence, the observer cannot help feeling that every student of psychoanalysis should be given the opportunity to watch these phenomena at the time when they occur so as to acquire a picture against which he can check his later analytic reconstructions.

In the analytic literature on the subject of libido development, it is stressed repeatedly that the oral, anal and phallic phases merge into each other at the points of transition and that they should only be thought of as distinct from each other in the sense that in each phase one of the component urges is highly cathected with libido and therefore prominent, whereas the others, earlier as well as later trends, though they may exist, have a low cathexis and therefore play a minor part. Such warnings are useful to the analyst to whom the libidinal phases often appear as closed-off entities when seen in retrospect. Observations, as we were able to make them, on the other hand, bear out the theory fully. What impressed us particularly was the wide overlapping between the oral and the anal stage. Much of this may have been due in our case to the oral deprivations which many of our children had had to undergo when separated from their mothers. But also those who had been breast-fed by their own mothers in the Nursery, and remained in close contact with them, showed a survival of oral wishes, oral greed and oral activities which seemed protracted when compared with our expectations. They kept up thumb-sucking as a major autoerotic gratification, and biting as their main aggressive expression, far into the anal phase, and indulged in these activities, alongside with their anal interests. The line of demarcation between anal and phallic interests seemed in comparison to be much sharper.

On the other hand, despite this overlapping of pregenital gratifications, it was possible to distinguish clearly between the libidinal phases on the basis of the child's behavior toward the mother or her substitute. A greedy dependence (oral); a tormenting, harassing possessiveness (anal); a continual bid for attention and admiration, linked with an indulgent protectiveness toward the love object (phallic)—these attitudes were expressed by the children daily, hourly and from minute to minute in their behavior. As overt expressions of the underlying sexual fantasies, these forms of loving (or hating) the mother seemed firmly tied up with the phases to which they belonged, and exclusive to them. We found that usually progress from one libidinal phase to the next was preceded by a change from one type of manifest behavior to the other. In adult analysis, even though free association, dreams and transference manifestations revive the early forms of object relationship, they have by then lost much of their distinctiveness, and

return from the unconscious, invariably intermingled with later reactions, and distorted by them. A patient's oral dependence on the analyst, for example, is never free from anal, phallic and genital admixtures, i.e., elements from later positions from which regression has taken place. So far as this particular correlation between developmental stage and behavior pattern is concerned, the direct observer of children is therefore more favorably placed than the analyst.

Evidences of the Primary Process in the Second Year of Life

One of the basic principles of metapsychology is the distinction between the primary and secondary process, i.e., the modes of mental functioning which are relevant for the id and ego respectively. This difficult piece of theory is demonstrated in our Institutes to the analyst-in-training on the study of dreams, where the main characteristics of the primary process (lack of synthesis and negation, condensation, displacement of cathexis, exclusive concern with wish fulfillment) become apparent in the dream work. When watching groups of infants between twelve and eighteen months of age, one is impressed by the fact that their behavior is dominated by the principles which we know from dream interpretation and that observation of it may well serve as an additional source of information and illustration for the student. At this stage of ego development, the child is on the point of acquiring speech and, with it, the elaborate modes of logical thought and reasoning which form the indispensable basis for the secondary process. But these new abilities, though they are already in evidence, are not yet strong enough to keep control of motility and to govern actions for any length of time. At one moment therefore the infant acts impulsively, unrelated to dangers of reality and uninfluenced by them; he attacks a loved person or destroys a toy and expects to find them unharmed, as objects for his positive feelings, a moment later; his anger moves easily from one person or cause to another; his only motive for action is a search for pleasure. On the other hand an understanding and regard for the consequences of actions, a piece of reasoning, some integration of ambivalent feelings toward the love object, may appear intermittently as representatives of higher ego activity, and interfere with the infant's free, instinctive expressions. His behavior alternates therefore between illustrations of the primary processes with the pleasure principle, and of the secondary process with the beginning of the reality principle, making the contrast between the two forms of functioning extremely instructive.

Behavior at this stage is called "unpredictable" since we never know whether, in a given situation, the child will react completely in accordance with the primary process or will make use of secondary functioning. Between eighteen and twenty-four months it is possible to demonstrate the growth and strengthening of the secondary elaborations and to see the instinctive, primary reactions and the pleasure principle recede into the background. Observation at this level will impress the student specially with the importance of the quantitative aspect, since it is easy to demonstrate that relapses into the earlier mode of functioning occur whenever tension from an unsatisfied drive is specially high.

Fusion of Drives, Viewed from the Point of View of Behavior

Another set of observations, more important if confirmed by future work, deals with a point concerning the theory of the life and death instincts, namely the fusion between libido and aggressive energy.

In our Nurseries, as in other homes for homeless and motherless infants, some children were displaying an amount of aggression and destructiveness which was not only greater than anything previously known at this age but also inaccessible to the usual educational measures such as guidance, praise, punishments, etc. Senseless destruction of toys and furniture, open or surreptitious attacks on other children, biting, and frequently soiling, were beyond outside control and not gradually brought under the control of the ego as is normally the case. Since it can be proved that in the lives of these children the usual stimulant for normal libido development, namely a mother relationship, had been missing, it seems permissible to assume that the cause of the trouble was not that the aggressive drives of these individuals were stronger than normal, but that, owing to the stunting of their emotional development, their libido was weaker so that fusion between the drives could not take place in the normal manner. What the children displayed therefore was "aggression in pure culture," unsuited for the positive purposes of life.

To test our diagnosis, we ceased any attempts to combat the children's aggression directly, concentrating our efforts instead on stimulating the emotional side which had lagged behind. The results confirmed that, with the development of good object relationships, aggression became bound and its manifestations reduced to normal quantities. It proved possible, as it were, to effect therapeutic results by bringing about the necessary fusion of the two drives.

SOME DISCREPANCIES BETWEEN ANALYTIC ASSUMPTIONS AND OBSERVATION OF BEHAVIOR

The following are points where the behavior displayed by the children under observation suggested revisions and amendments of existing explanations.

Phenomena of Total Regression

One of the indispensable elements of the psychoanalytic theory of the neuroses is the concept of regression. The individual, in the course of his instinctual development, acquires so-called fixation points to which part of his instinctual energies remains attached, while other quantities of it progress further and reach later stages of development. When, on these later stages the individual experiences frustration due to external and internal danger, deprivation and anxiety, the new libidinal or aggressive position is given up again and the individual reverts to former, more primitive wishes, i.e., he regresses to the fixation points. But since these regressive forms of gratification are not compatible with his comparatively more mature ego and superego attitudes, conflicts arise which have to be solved by compromise formations, i.e., neurotic symptoms. In the analytic exploration of character disorders, psychopathic states, etc., it was shown further that regression may occur not only on the instinctual side but also on the side of the ego, the phenomenon showing in varying degrees on each side of the personality. But neither the analysis of the neurotic nor of the character disorders gives us the opportunity to see what one might call "total regression," a process with which we became familiar in the Nurseries.

With our children, where under the impact of their traumatic experiences (loss of parents by death or separation) regression was the order of the day, we have hardly ever seen a regressive process which did not concern ego attitudes as well as drives. When left by his mother in the strange environment of the Nursery, a child in the anal phase would commonly regress to the oral, a child in the phallic phase to the anal stage. These regressions were always accompanied by the loss of important ego achievements. It hardly needs mentioning that the children lost bowel and bladder control under such conditions; it is worth noting that many of those who had already learned to speak at home, lost their ability to speak. They lost forms of locomotion which had been acquired recently and became clumsier and less co-ordinated in their movements. They also became more primitive in their modes of play. Especially in those instances where the libidinal attitudes re-

turned to the oral position, a full return to functioning under the pleasure principle was effected simultaneously. This phenomenon of total regression explains why the children did not develop neurotic symptoms when regressing to earlier libidinal phases and merely became more primitive beings, undoing development which had taken place. There was no occasion for a pathogenic conflict to arise between their regressive forms of gratifications and their equally regressive ego attitudes.

When watching these phenomena, the observers were led to certain conclusions concerning the degree of vulnerability shown by the ego. It seemed that recent ego achievements were less likely to bear up under the influence of regression in the instinctual sphere than ego achievements of longer standing. A child, for instance, who had acquired speech a year ago or more would not lose it when regressing from one phase of libido development to another; where speech had not existed for more than three to six months, it would be lost under these conditions. The same was true of locomotion, of moral achievements, etc.

In the light of these observations it might be worthwhile to inquire closely into the happenings which are revealed in the analysis of the adult neurotic and to look for evidence of similar ego losses occurring regularly before the outbreak of a neurosis. Such losses would concern late ego achievements, such as sublimations, idealizations, social adaptations, while older and more basic ego attitudes would remain unaffected.

Reconstruction versus Observation. Telescoping of Events

(a) Early Traumatic Experiences

Early traumatic experiences, where they survive in the individual's consciousness, do so in the form of cover memories. In analytic reconstruction it is the analyst's task to undo the distortions, condensations, displacements and reversals which have constructed the particular cover memory out of the traumatic material and to revive the memory of the original event. The impression arrived at is usually that not one but two or more pathogenic happenings have contributed and been condensed to form the cover memory.

Actual observation of the same processes at the time of their occurrence suggests a correction of this view so far as the multiplicity of the pathogenic happenings is concerned. An action which we see the infant repeat a hundred times may in later life be represented as one traumatic happening. We see the infant play with his excrement, smear

with it, try to taste it, over a period of weeks, or even months; the adult patient may remember this period in analysis as a single event of high emotional value. The memory of a traumatic fall, a traumatic injury may cover the whole series of smaller and bigger accidents which happen almost daily in a child's life. One traumatic prohibition or punishment, remembered or reconstructed, becomes the representative of hundreds of frustrations which had been imposed on the child; one longer separation from the mother takes over the combined effect of innumerable times when the infant has been left alone in his cot, his room, at bedtime, etc. Though we realize as analysts that past experience is telescoped in this manner, we are in danger of underestimating the extent of the phenomenon, when not reminded of it by the result of direct observation.⁴

(b) Autoerotic Experiences

A similar process of telescoping, though in the qualitative rather than in the quantitative sense, concerns the autoerotic activities. The data collected from our children during their first five years show a fairly equal distribution between rocking, thumb-sucking, rhythmical rubbing of various portions of their skin, and masturbating, with the emphasis on the earlier rather than on the later practices. During the reconstruction of infantile sexuality in adult analysis, the emphasis is usually the opposite: although the incidents of early autoerotic practices are revived, they seldom compare in vividness and pathogenic importance with the memories of masturbation around which the oedipal and castration fantasies, and the guilt feelings concerning them, are centered. Allowing for the difference that rocking, part of thumb-sucking and some of the child's skin erotism express narcissistic and not object-libidinal trends, and may therefore have played an excessive part with our "homeless" and comparatively unattached children, the possibility remains that phallic masturbation, as the latest of them, becomes invested with and "covers" the high emotional value of all the other activities which were its equivalents in the early phases.

Differences in Chronology

Some other points where our observers found themselves at variance with established analytic findings concerned chronology. Penis envy, which we expected to see in girls in the phallic phase, appeared with extreme violence according to some of our recordings in girls between

4. See Hanna Engl Kennedy, "Cover Memories in the Making," *This Annual*, V, 1950, a study carried out in connection with the follow-up of the material discussed in this paper.

eighteen and twenty-four months. In these cases the responsible factor may have been the bodily intimacy between boys and girls as it exists in a residential nursery where the opportunities for watching other children being bathed, dressed, potted, etc., are countless. It is less easily explained why in some cases infants showed definite reactions of disgust *before* toilet training had started, as well as reactions of shame long before exhibitionism had been interfered with.⁵

NEW PROBLEMS, SUGGESTIONS, IMPRESSIONS, ETC.

A Manifestation of "Autoaggression"

As reported in *Infants Without Families*, we had ample opportunities to watch a practice which occurs with infants in their second year, namely so-called "head-knocking." Children who are afflicted with it beat their heads against hard objects (the bars of their cots, the floor, etc.) when in a state of frustration and impotent anger. Though mild in some cases, this habit reaches a considerable, and sometimes dangerous intensity in others. Though head-knocking is well known to mothers and pediatricians, and is found in children who live under the most normal family conditions, it happens with greater frequency in institutional settings where severe deprivations are inevitable and where the practice may spread by contagion from one head-knocker to a whole dormitory.

The factor in common between this and the autoerotic practices (such as rocking) is a rhythm which may lead up to a point of climax, though in the case of head-knocking the climax is one of self-destruction. Since, so far, no analytic explanation of this distressing habit had been put forward, it occurred to the observers that it might be an early manifestation in behavior of aggression and destruction turned against the self, i.e., the aggressive equivalent of autoerotism. If this interpretation should be confirmed by future analytic work, head-knocking might gain a place of importance in analytic theory as one of the rare representatives of pure destructive expression where fusion of the drives is incomplete, or after defusion has taken place.

Coitus Play without Observation of the Primal Scene; Oedipus Reactions without Oedipal Experiences; the Problem of Innate Attitudes

The most intriguing data of the Nurseries were those recording play among the young children which every analyst would have

5. Heinz Hartmann has recently suggested an explanation for these puzzling manifestations.

assessed at first glance as the result and imitation of coitus observations in the parental bedroom. This happened in spite of the fact that these infants had come to the Nursery directly from the Maternity Hospitals at the age of ten days and had lived there ever since without returning to their families; that they had never seen their parents alone together, nor even knew a private bedroom; and that there was no possibility whatever of their having seen adults in sexual intimacy. With stimulation from outside thus excluded, play of this nature appears to be the expression of innate, preformed, instinctual attitudes, a suggestion which—if found to be true—would throw doubt on some of our analytic reconstructions of early witnessing of a primal scene.

As reported already in *Infants Without Families*, we were similarly puzzled when watching our boys during the transition from the anal to the phallic phase. In the complete change which took place in their behavior toward their mother substitutes at that time, they developed masculine qualities and a protective, often overbearing, sometimes indulgently affectionate attitude toward the woman which—under normal conditions—would have been classified invariably as a close imitation of the father and an identification with him. These children lived without fathers and, in the cases referred to here, had had no opportunity to watch their father's attitude toward the mother. It is therefore suggested as an explanation that the phenomenon in question was the behavioral manifestation of the phallic trends, with or without identification with the father. In this case, of course, outside stimulation through the occasional observation of other men, or other fathers, cannot be excluded completely.

The assumption that there exist in the child innate, preformed, attitudes which are not originated, merely stimulated and developed by life experience, was, further, suggested by a series of observations revealing the child's readiness to adapt itself to the emotional conditions of family life. We found that it is a very different matter for a young child whether he is taken from the family setting to which he is used, and placed in a community of children, or whether the upheaval in his life occurs in the opposite direction: whether he is taken from the community in which he has spent his first years and placed in a family. In the first case adaptation to the group takes a long time, weeks or months, the social responses having to be acquired step by step by painful experience. In the latter case, when a young child (always of course before the latency period) is placed for adoption, or sent on a trial visit into a family he may develop family attitudes in the course of a few days, without any experiences having led up to them. Our most instructive case in this respect was a boy who had entered the Nursery

as a small baby, had never known his (or any other) family and was visiting for adoption at the age of four-and-a-half. His prospective parents were an affectionate couple, very eager to adopt a child. On the second or third morning, at breakfast, when the man kissed his wife before going to work, the boy had a fit of "oedipal" jealousy and tried to "separate the parents." Under equivalent conditions, a child would take at least a year to develop group reactions of similar emotional strength and adequacy.

Ego and Superego Development under Group Conditions

The observation of a group of toddlers between one and two years of age directed our attention to the difference of ego and superego development where this happens under the influence of the love for the parents, and in identification with them, or in a community of children of the same age, on the basis of the necessity of maintaining one's own status and existence in the group. From the abundant material, partly published elsewhere, there seems to be no doubt that social reactions, restraint of immediate gratification of instinct and an adaptation to the reality principle can be acquired under both conditions. It remains an open question, to be answered by further work, whether the social reactions learned in a group remain mere ego attitudes or whether they are incorporated into the structure of the personality to form part of the superego which, according to our present knowledge, is built up on the basis of the emotional ties to the parents and the identifications which result from them.⁶

6. The same question is followed up further in a later piece of observational work and its theoretical evaluation. See Anna Freud and Sophie Dann, "An Experiment in Group Upbringing," published in this volume, p. 127.

PRESENT TRENDS IN HANDLING THE MOTHER-CHILD RELATIONSHIP DURING THE THERAPEUTIC PROCESS

By **DOROTHY T. BURLINGHAM** (London)

There is a certain type of questions which is brought up for discussion in my child analysis seminar practically with every case. Could not this child have been helped simply by guiding the mother? How far would a Child Guidance Clinic have solved this problem for the child? Would not group therapy for the child, or for the mother, or for both, be here indicated? Would not the mother be more efficiently helped by someone who is not her child's analyst?

These questions are all the result of the times, the attempt to help the child through preventive methods, through more intelligent early handling, through meeting the child's problems at a stage earlier than the one when the child is sent to analysis. The trend is now toward including the whole family in an effort to solve the child's problems, toward extending the therapy into ever-wider fields, toward grouping the children and mothers, so as not only to increase the numbers helped but because group therapy has a therapeutic value in itself.

These present-day trends are bound to affect child analysis. They have already succeeded in eliminating certain cases from analysis, especially many of the younger children; Child Guidance Clinics are able to sort out cases, and send on those for analysis which need more intensive treatment. There remains, however, a large group of cases which at present can only be helped through analysis. The persistent question raised in my seminar of whether the mother might not be more efficiently helped by someone who is not her child's analyst, is a proof that the interrelationship of the mother with the analyst remains a most difficult problem during the child's analysis.

Until the child can make itself partly independent of the mother, that is until it has reached latency, the mother's behavior toward the child and the home atmosphere she creates is all important for the success or failure of the analysis.

Managing the mother poses many problems: how far the analyst should take the mother with her through the intricacies of her child's

analysis; what interpretations which have been already given to the child should be repeated to her, what interpretations should be withheld, the dosage and timing of these interpretations, how to keep the transference of the mother in a state favorable for the analysis—i.e., on the one hand not too weak, on the other hand to prevent it from overwhelming the whole analysis. All these questions are all most difficult tasks for the analyst.

Sending the mother into analysis herself has often proved necessary, when the mother's neurosis overwhelmed the child, so that the child could not be made independent of her, or when the mother had an unconscious fantasy which the child had taken over from her. But there are many cases where the mothers are not so seriously concerned, where such a drastic measure, as her own analysis, is unnecessary. It is then that the suggestion is made that the mother be advised by a psychiatric social worker, that is by someone who is not personally concerned with the child's analysis. It is an attempt to reduce or eliminate the transference relationship of the mother to the child's analyst, and it is a natural consequence of the difficulties I have enumerated before.

The rationalized advantages given for separating the mother from the child's analyst, and giving her an adviser, are that the child's difficulties are connected with the mother's difficulties; that the mother is in need of treatment so as to understand and master her own problems which come from her own childhood and therefore effect her treatment of her child. The mother will bring to her adviser the daily problems which she has to meet in connection with her child and these problems will be worked through with her. In this way jealousy of the child's analyst will be reduced and the mother need no longer be envious that her child gets all the attention and help when she is in great need of it as well.

There is a question I would like to put to you. Is it really an advantage to separate the mother from the child's analyst in this way? What are we really doing? We are trying to give the mother, who is the child's main love object as well as his superego, insight into her own problems as far as they react on the child, so that she can change her behavior toward the child. In the meantime we are trying to reduce the child's dependence on the mother's neurosis and to strengthen its own ego, so that the child can develop in a more normal way and not revert to the same symptom formations or regressive activities and fantasies. The method used in treating the mother in a Child Guidance Clinic is giving her explanations of her behavior, leading her back to an awareness of her own childhood problems and some interpretation of preconscious material. She is also made conscious of the superficial reasons for

her child's behavior in relation to her own behavior. She is told of the various stages of her child's instinctual development and the mechanisms of defense her child uses. The child's analyst keeps in touch with the mother's adviser and tells her the stage of the child's analysis and in turn she gets information about the mother.

This all sounds very satisfactory. However, following the mother's lead it is often the case that the mother will bring in material which leads far away from the child's problems into all sorts of other intimate problems and other relationships which may only reawaken conflicts and which cannot be dealt with. This situation must produce disappointment for her. The explanations and interpretations given to her concerning herself as well as the child are preconscious. They often do not affect the mother, she still has to behave as she has done before, since the interpretations do not touch her actions which are unconsciously determined, or her fantasies which are unconscious. The result must be that she is aware of her behavior but unable to change and therefore is now troubled by a feeling of uncertainty and guilt.

Let us now study the situation of the analyst, who analyzes the child and accepts the added responsibility of the mother as well.

The analyst is aware of all the difficulties which the situation presents, the added transference relationship of the mother to her, which she has to use, and deal with through the whole of her child's analysis. But there are certain advantages for the analyst if she keeps the whole situation in her own hands. It is possible for her to make use of various opportunities that turn up in the course of the treatment: a glimpse of the mother when she accompanies her child to her session can give her some hint of the mood of the day, a kind of barometer of the child's state; a remark the mother lets fall to the analyst or to the child can be a helpful suggestion that she can use in the session or make a mental note of for further use. The analyst at the end of the session may be thankful for the opportunity of seeing mother and child reunited; she may use the occasion to make a remark helpful to one or to both. Another opportunity might be the telephone calls of the mother, telling of daily happenings which could bring the analyst valuable information. In this way the analyst can become a reservoir of material collected not only from the child's sessions but also from these casual encounters with the mother. Then there are the interviews the analyst can arrange with the mother. She can use them to enlarge or to correct the observations she has already made; to gain information about the child, its life at home, and its reactions to all kinds of situations. She can use them to give the mother the opportunity to bring her own observations; to encourage the mother to ask questions concerning her child's behavior,

activities, fantasy life and her own reactions to them, and above all to allow the mother to express her worries about the analysis itself.

These are all rather self-evident opportunities for the analyst to make use of. But there are others which are more subtle. Bertha Bornstein in her paper "Emotional Barriers in the Understanding of Young Children" states that "The contact with the parents should not go beyond such mild and supportive psychotherapy. The analyst should not apply the genetic and dynamic aspects [of her understanding in] discussions with parents regarding the meaning of their conflicts with their children." But is that really possible?

It seems to me that even when you are trying to avoid giving the mother dynamic interpretations, the mother still receives them. When the analyst gives the child interpretations of a deeper kind, this material is bound to affect the mother. Even when the analyst does not explain these to the mother and does not connect (to the mother's conflicts) these interpretations given in relation to the child's instinctual life, the interpretations given to the child affect the mother as a kind of wild analysis. It is in answer to this second-hand analytic procedure that the mother reactivates her own childhood, and as a consequence brings memories of her own childhood experiences. All that the analyst can do in her interviews with the mother is to tame down these dynamic reactions which have been called forth by the child's analysis. This she does by giving superficial analysis of the preconscious material as well as advice of how to handle the child to enable her to cope with the child's behavior problems at home.

When the mother brings to the interviews material out of her own intimate life, although this may bring with it difficulties in the transference relationship, it may also contain valuable clues for the understanding of the child's neurosis. As a rule it is possible for the analyst to keep this transference within bounds, if she is not seduced into analyzing the mother, but can keep her objective interest always with the child and its problems. The mother will usually fall in with the analyst's wishes, sensing very soon that the material the analyst accepts and values has always some connection with her child and its problems. The mother's narcissistic hurt at not receiving full analytic attention will be compensated for when she feels that she is allowed to co-operate in the work of the analyst to help her child.

We must now ask ourselves whether the analyst benefits more from separating the mother from the child's analysis, thus avoiding the disturbances the mother creates, or whether the analyst gains more by accepting these disturbances in the hope that she may be able to make

subtle connections between mother and child which would otherwise be lost and in this way gain a greater understanding of the child.

My activity as control analyst gives me the opportunity to compare what happens to mothers under both conditions. I hope, in the future, to be able to illustrate this with more detailed material. For the present I would like to bring one example of a mother's reactions during the time she was in advisory treatment with a child analyst working in a Child Guidance Clinic and compare them with her reactions when the same child was in analytic treatment a year later.

The child was a boy of two and one-half years, Willy; he had feeding difficulties, was still wetting and dirtying himself; he could not talk properly for his age and he bit his mother. The mother was a simple woman, somewhat slow in understanding but unusually co-operative. The case appeared an ideal one to help, through the mother. The therapist gave the usual advice to the mother, to pay less attention to his feeding and habit training. He soon ate better and was dry and after two months he no longer soiled himself.

Another of Willy's difficulties was that he clung to his mother, and he could not stand separation from her. (At the age of two years he had been separated from her when she had to undergo an operation.) The mother was told not to try and separate from him until he would want to on his own. When she had to go to the hospital for an examination, she was advised to prepare him for the few hours' separation long in advance. She did this so well that Willy let her go without difficulty. At the hospital she was urged to remain for a treatment, but she refused remembering what the therapist had told her, as well as the promise she had made to Willy that she would return soon.

The therapist found out that the mother would not let Willy touch his penis. She helped him to urinate and insisted on washing his penis and pushing back the foreskin whenever she saw any secretion there. The therapist explained to the mother the harmlessness of Willy's touching his penis and at another time the fear she gave Willy in cleaning his penis. The therapist called in a doctor who happened to be there, and he corroborated what she had just said. The mother apparently understood, and told Willy when he once refused to have his feet washed (this was an identification with her as she had an eczema of her leg) that she was not going to lose her leg. His speech improved after these castration interpretations.

The therapist advised the mother to have Willy sleep in a room of his own; he had always slept with his parents. This she did and Willy adjusted to this change without difficulty and slept better.

The mother began spontaneously to tell the therapist about her own childhood. Her mother had died of cancer when she was six years old. Her father told her that she had killed her mother because she had bitten her breast. Her father used to beat her mother and herself.

In spite of the fact that Willy's mother was as helpful to the therapist as any mother could be, co-operating in every way, following the therapist's educational advice with understanding and resulting improvement, Willy now became

worse again. He could not sleep and he developed a new symptom of breaking away from his mother into the street, running right into the traffic. The manner in which he did this was dangerous and appeared obsessional. Willy was therefore sent into analysis.

Willy's analysis at three and one-half years of age was a most fascinating one and gives the impression of being successful. The mother was as co-operative with the analyst as she had been with the therapist. However, little educational advice was given to her until toward the end of the analysis. The analytic material developed from one problem to the next and was played out in fantasies. Each phase of the analysis covered many weeks. The longest was occupied with uncovering a primary scene in the fullest detail. Willy often called the mother in as part of the fantasy play. She was able to give apt remarks to the analyst, showing her understanding of what was going on.

When Willy's analysis was reported in my seminar his former therapist was deeply shocked to find that the interpretations and advice she had given the mother over a period of a whole year had apparently been obliterated from her memory when Willy left the treatment, or six weeks later when he started his analysis. That the same material the mother had worked over with him came up in Willy's analysis was to be expected. But the mother behaved as if she had never been told how to treat Willy with his habit training, or with his food. She informed the analyst as something difficult to understand, that when she gave Willy his bath, he struggled, apparently in fear against having his penis cleaned. When the analyst told her that it was not necessary to clean his penis so often and then reminded her of the occasion when the therapist had called in the doctor and he had said the same thing, she could not remember it at all.

The one thing the mother had kept to was to have Willy sleep in a room of his own.

The mother now began to tell the analyst more about herself. The analyst had suggested to the mother to have occasionally a quiet time with Willy, to show him a picture book for instance or to read aloud to him. She answered to this that she did not want Willy to become a book worm like the analyst, and then went on to say that she could not stand Willy's success when she was such a failure herself. She had to get on by herself, why should Willy have it better? She had won a scholarship but because of lack of money had not been able to make use of it.

Willy's running into the street had stopped, but he recreated the same situation in the hour. It was quite clear that Willy ran away to provoke his mother to come and catch him. The mother was told of this mechanism and when she did not respond any more to his provocation, he stopped provoking her. The mother then told the analyst, "I don't tease Willy any more, but I can scarcely resist doing so."

CONCLUSION

That is all the material it is necessary for me to bring to show you how the mother reacted first toward her adviser and then toward her

child's analyst. In both cases the mother was most co-operative. The extent of her co-operation was shown in the incident when she refused to remain in the hospital and returned home rather than break her promise to Willy.

You would think that since the mother reached success over Willy's habit training with the therapist, she would continue to treat him as she had just learned to do, when the trouble recurred during the analysis.

We can ask ourselves: Was the transference a different one to the therapist and to the analyst? And if so, was the difference due to their personalities? That may be so in some cases but I do not believe that it was the case in this instance. To me it seems that the different reactions of the mother in the two situations can be traced back to the different form of treatment, to which she reacted. In the advisory treatment no material was touched that did not belong to the conscious and preconscious layers. She reacted to this with material from her own conscious and preconscious mind. In Willy's analysis the interpretation of the analyst naturally reached further down to the child's unconscious and this again had repercussions on the mother. Repressed rivalry and penis envy to which she had formed reaction formations were stirred up in her and betrayed themselves in her attitude to her child's analyst and brought to the foreground awareness of her rivalry and competition with the child of which she had been oblivious so far. It was the working through of these feelings which finally relieved the mother and enabled her to deal with the child differently on the basis of a beneficial change in her own personality.

When faced with material of this kind we cannot help being impressed by the difference in the effectiveness of the latter approach so far as the mother is concerned. To realize that one has spent a fruitless year advising a mother, is rather a shock to an analytic worker and should be taken as a warning. A careful comparison of our ways of dealing with mothers and of their reactions may lead us in time to a better clarification and classification of our approaches to the parents.

NOTES ON JOHN I.

A Case of Primal Depression in an Infant

By MARIAN C. PUTNAM, BEATA RANK and SAMUEL KAPLAN (Boston)

INTRODUCTION

We are bringing you today notes on John I., a three-and-a-half-year-old boy, in order to illustrate the work of The James Jackson Putnam Children's Center. This psychoanalytically oriented clinic, established in 1943 under the auspices of the Judge Baker Guidance Center, was designed to provide the optimum milieu for the observation and treatment of infants and pre-school children.

One of the aims of the Center from its inception and throughout its existence, has been the study of personality development, with emphasis on the closest scrutiny of the significance of early object relationships. In particular, we have sought to validate our concept that mother and infant could be conceived dynamically as a unit.

Our belief that pertinent information could best be obtained from clinical material coincided with our basic desire to establish a treatment center. We decided in the beginning to accept any child in need of our help, not limiting ourselves to those with specific problems only. By studying the reactions of these children in the treatment situation and in the nursery school, and by gathering information from the child's parents while simultaneously guiding them, we expected to gather data which would enable us to make a contribution to the field of normal and abnormal development.

We have had a few specific questions: how do children react to life's events—e.g., an illness, accident, operation, separation from parents (actual or psychological), death in the family, birth of a sibling, etc. We would like to understand why some children can take such events in their stride with minimal psychological impairment, whereas others are completely devastated by these occurrences.

One of our most important projects¹ is the exhaustive study of

1. Supported by grants from the U.S. Public Health Service (MH-39, C2) and the Supreme Council 33° Scottish Rite, Northern Masonic Jurisdiction, U.S.A., through the National Association for Mental Health.

pre-school children who show an atypical development resulting in marked personality deviation. By means of this investigation, we are learning which experiences in early infancy or early childhood affect the personality development of the infant or child in such a way that his process of growth may become arrested, or that he may regress from a higher level to an infantile narcissistic state—conditions from which heretofore a retrieval has seemed to be impossible. Until recently these children were looked upon as feeble-minded or psychotic. During the past few years they have been studied by a few investigators with the view and hope that therapy might result in changes or modifications of this condition.

THE EMOTIONAL CLIMATE OF THE CENTER

The accepting spirit of the Center pervades the entire house with its many rooms, corridors, and its play yard, and is especially highlighted in the nursery school. The inclusion of the nursery school has proved to be of inestimable value in furthering our aim of providing a permissive, understanding environment for these very disturbed children and their parents. It creates an informal and relaxed atmosphere wherein the most distressed individuals can feel accepted, and thereby encourages the regular and frequent attendance of mothers and children who otherwise might find the usual setting of a clinic intolerable. By observing the nursery school teachers and psychiatrists with the children, the mothers absorb both the spirit of the tolerant approach as well as specific ideas for the handling of their children. The nursery school later provides a partial separation of mother and child without removing the child from his home. It offers the child an ever constant, understanding environment where he may form his first stable relationship with an accepting adult.

The psychoanalyst may make his first contact with the "atypical" child in the nursery room, or, as is our current practice, he may see the child in the therapy room for a period of weeks and then gradually introduce him to the group. The psychologist, pediatrician and neurologist also try to become acquainted with the child in an environment which is familiar to the child and conduct their specialized examinations of him in the presence of the therapist or the nursery school teacher, in order to minimize the child's anxieties. The child has regular sessions with the analyst several times a week in addition to his attendance at the nursery school. The first tenuous relationships with the teacher and the psychiatrist eventually become more deeply rooted and serve as models for later relationships and temporarily bridge the

gap between the child and an immature parent until both have grown sufficiently to find satisfaction in each other.

THE CASE OF JOHN I.

The data and initial formulations of this case are based on observations of John and his parents during the first two weeks of their attendance at the Center. A summary of these initial observations was presented at a conference for diagnostic evaluation and consideration of the treatment plan. A condensation of this conference will now be presented to you.

We were contacted by Mrs. I. who wrote to us briefly describing John's difficulties. She reported that John, aged two years and ten months, was not talking, ate almost nothing, and subsisted on his bottle. He would not leave the house, was afraid of strangers and slept very poorly. The Children's Center had been suggested to the parents by a child analyst whom they had consulted. Mr. I. was prepared to give up his academic position temporarily, so that the family could move to Boston.

During the diagnostic period Mr. and Mrs. I. were seen by the social worker. John spent his time in the nursery room where he was observed by the nursery school teacher and the psychiatrist.

IMPRESSION OF PARENTS AND SUMMARY OF INFORMATION

Mr. and Mrs. I. were seen separately, two sessions being devoted to each parent. Both are highly intelligent and have well-focused intellectual pursuits. The father holds an important position at one of our greatest universities, and the mother has maintained a passionate interest in her own field, even after giving up further study because of her obligations as a mother.

Both talk exuberantly and with juvenile enthusiasm about their individual pleasures, hobbies, and stimulating campus home life; still they impress one as a sincere, serious couple striving to find a way to rescue the child. They give information about the early history of the child eagerly and openly.

Both tend to blame themselves for John's difficulties, like children who feel stunned about something that has gone wrong but have no real insight. They now look to the Center as parents who will take over the responsibility for setting things right. In the course of the interviews, however, they realized that their home, constantly full of colleagues and graduate students coming and going at all times of the

day, was perhaps not the best one for rearing a child. In the midst of this turmoil it was frequently difficult to know just where John was and what he was doing. When a toddler he often retreated from the crowded room to a vacant one with his bottle.

PARENTS' BACKGROUND

Mother, an only child who never knew her father, grew up in an active household with numerous relatives who cared for her while her mother worked. She had her nursing bottle until she was four years old, and chewed and bit things a great deal during her childhood. She actually broke china cups by biting them when she drank liquids, so that it was necessary to provide her with a heavy mug. During the interviews she smoked incessantly or suckingly mouthed her cigarette as it hung from her lips. She has always been very sensitive to noise, and as a child protected herself by covering her ears or running away.

By contrast, father comes from a large family. He always felt dominated by his older sister until he was old enough to compete with her physically. His mother looked to him to discipline the younger siblings, as his father was disinterested in family life and absorbed in his own activities.

They met and married when mother was still a college student. She continued her studies until she became pregnant with John.

DEVELOPMENTAL HISTORY

Several months after Mr. I. was discharged from the army the parents decided to have a baby. John was a full-term, well-developed infant; delivery with low forceps was uncomplicated, and the baby breathed immediately.

1. *Feeding*

John was given a bottle, which he took avidly and in much larger quantities than other newborn infants. Before he was discharged from the hospital he was taking 4 to 8 ounces every 4 hours. At home he was on a self-demand schedule and there were fairly long intervals following large intake. Pablum and strained foods were begun at six weeks. By the age of four or five months, he was eating large quantities and often vomited after eating. (He also vomited when upset.) At six months he was eating a little less, and father says he began to lose weight. At any rate, the father was worried and coaxed the child to eat more. The mother saw nothing to worry about. During the second half year he ate fewer and fewer solids, except for crispy crackers and potato chips, but increased his intake of milk. From an early age the bottle was used to keep him quiet in the morning, before the parents were ready to get up. One, two, or three bottles were given him at hourly intervals from 6:00 A.M. on. Because he seemed to love his bottle it was later used to quiet him whenever he was upset.

2. *Sleep*

John slept well until the onset of the present illness. He slept twelve hours at night and had two naps during the day in the first year, and one nap the second year. He was considered to be a very good baby. If he was fussy he could always be quieted with a bottle, and he was always put to sleep with one. In his second year he would be handed a bottle at bedtime, and he would carry it into his room, drink it, and then go to sleep.

3. *Motor Development*

At five months John could sit unsupported. He began to pull himself up to stand between six and seven months, and was creeping rapidly at seven months. At eight months he walked around holding on to things, and walked well alone at thirteen months. He enjoyed playing with rattles and toys on a cradle-gym when he was three or four months old and was later very active in crawling and walking, pulling and pushing toys, throwing them and rushing around, rather than extensively investigating them. From earliest infancy he put toys into his mouth. He entertained himself alone a great deal but also enjoyed company and was considered to be very affectionate with his parents. However, the parents have noticed that the younger baby was much more demanding and more dependent on people than John.

4. *Sensory Development*

John now bites, crunches, licks, and scratches to obtain sensation rather than to investigate objects. He is extremely sensitive to sounds, sometimes putting his hands over his ears. (Mother does the same thing with any particularly loud noise.)

5. *Libidinal Development*

He drank milk from a bottle excessively, practically from birth. He put toys into his mouth from earliest infancy, but he has never been a finger- or a thumb-sucker. By four months, perhaps before, he was rocking in bed on his hands and knees, and banging his head on a pillow. Later he liked to rock in a rocking chair. According to the father, he began at five months to masturbate a great deal by rubbing against the sides of the crib. Later he masturbated against the furniture, by pressing the bottle against his genitals, or by rubbing against mother. This was said to have diminished slightly by the time he came to us, though he still frequently sucked the bottle and masturbated at the same time. Recently he has been touching his penis through his clothes.

6. *Language*

John vocalized a good deal but not as loudly and demandingly as his seven-months-old sister. Between twelve and eighteen months he had acquired ten or twelve words and could put two words together: "open door" and "no more." He was beginning to repeat words and understood simple commands.

7. Toilet Training

Toilet training was postponed until he might be able to understand what was wanted of him and to ask for it in words. Recently, however, his mother has often understood his fussing as a need to urinate and will then take him to the toilet. He will not have a stool in the toilet but has it standing up on the floor or in the bathtub, with or without his diapers on. If he has a stool in his diapers, he wants to be changed immediately.

8. Fear of Strangers

At ten months John began to be frightened of strangers. Mother related this to a certain friend whom she described as a "weird character." A man who is aggressive and noisy, grimaces, and is always bragging about how much he knows. This man was in the house almost daily and frightened Johnny by picking him up and tossing him about, making faces at him and shouting at him for fun. When both he and the parents realized that Johnny was frightened, he seemed to become more obsessed with the idea of frightening him. The parents finally tried to keep Johnny in his room when this man was present. However, following this experience, Johnny would scream whenever he was paid any attention by strangers. On such occasions he was given a bottle. (Later, when he was able to walk, he would take the bottle into the next room and lie on the floor with it.) .

9. Present Illness

The parents feel that from eighteen to twenty-two months Johnny's progress slowed up and then definitely stopped. He lost all of his words and has not said any since. They relate this to the time when he was left with his maternal grandparents for two weeks while the parents were away on a trip. The maternal grandmother reported that after the third day Johnny began to fuss a great deal and did not eat as well. When the parents returned the mother went to get Johnny but he did not recognize her. As she tried to dress him and take him, Johnny fought her and continued to fight her all the way out to the car. While she drove home he moved away from her and sat in the corner of the seat, with his head down and a sulky expression on his face, refusing to look at his mother. When they arrived the father was seated in the living room, and Johnny walked in a circle around him and went straight to his room. He closed the door and would not come out. The parents left him there for a while as they thought he wanted to be alone and would get over it.

At this time he was having his bottle continuously and was also eating some of the crunchy foods. His masturbation was much more pronounced.

Mrs. I. became pregnant when John was twenty-two months old, and the new baby was born when he was thirty-one months old. During the pregnancy John was very irritable and difficult to manage. Mother was hospitalized for ten days and Johnny did not appear to miss her. When she returned he seemed glad to see her, but just did not seem to take in or even see the new baby. He would

crawl over his mother as if Carol, the baby, were not there. For four to five months after Carol's birth Johnny still continued to act as if he were oblivious of the baby's presence. When at four to five months the baby became more active Johnny definitely did get upset; he would fuss and scream, and could not stand it if the parents paid the slightest attention to the baby.

On one occasion, at thirty-five months, the parents became quite concerned with John's reaction to their having gone out for the evening. They had been going out almost every night, but as he usually had not napped in the daytime he always fell asleep promptly when they put him to bed. On this day he had had a nap in the daytime and was wide awake at 7:00 P.M. A male colleague, whom Johnny knew, was to be the sitter, but because the parents felt he would not go to sleep they waited until 8:00 before they put him to bed. They were evidently apprehensive, because during the intermission at the theater the father went home and listened outside Johnny's door; however, he did not hear anything. When they got home at 11:30 they opened the door to his room and found him lying on the floor, his head against the crack in the door, sobbing quietly. They thought he must have been sobbing all evening, as his eyes were swollen and red and his face very flushed. They picked him up but he would not have anything to do with them; he cried and screamed all night and all through the next day. Finally, at the end of the following day the pediatrician was called and gave him a sedative. The sobbing continued all during the next week, and he refused to come out of his room. When the parents went to his room he slammed the door. They finally had to hand him his bottle through the door and he would gobble down the contents. The real breakdown came during the week following this incident. The father was at home but Johnny would have nothing to do with him. He screamed continuously and was so upset that the mother got in touch with a psychiatrist. It was necessary to place Carol with the maternal grandparents because Johnny was disturbing her. As soon as the baby left the house John started to improve to the extent that he ceased screaming and would allow his parents into his room. They put him to sleep at night either by giving him a sedative or by taking him for a ride in the car until he fell asleep. On their trip to Boston the parents spent several nights in tourist hotels; during that time and since the family's arrival in Boston, Johnny has been able to sleep without sedatives.

IMPRESSIONS OF JOHN I. BY THE PSYCHIATRIST

First Interview

As soon as I enter the nursery school room I see John and his parents. With his bottle clenched between his teeth, he climbs all over his mother, who is half reclining on one of the low tables. When he has settled on her lap he looks at me out of the corner of his eyes but does not in any other way betray his awareness of my presence. Mother tries to light a cigarette while John sprawls over her. By a complex series of

maneuvers she succeeds in striking a match under his back, then removes it quickly to protect John.

An ever-changing picture presents itself to the observer: occasionally John lies down, either on his mother or on a table or on the floor, and tips his bottle to allow the milk to flow into his mouth, but does not persist in sucking. Or again, he walks about the nursery school room with the bottle dangling from his mouth, using his hands to rub or play with his penis. This open masturbation does not evoke any manifest response from his parents.

Later, when the mother leaves the room, John does not seem aware of her absence and continues to wander around, vocalizing, biting, and masturbating. However, he seems to notice her return and clings to her, climbing all over her.

John's vocalization resembles that of a young infant. There is no attempt at word formation and very little facial expression, though he seems to smile to himself and at people around him. His mouth appears constantly in action: he licks and bites everything, including wooden toys, metal objects, the fireplace screen, the bottle and the nipple. At times he picks up paper, chews it, and swallows part of it but spits out most of it. At no time does he suck his thumb, but not infrequently he puts his middle fingers into his mouth. These fingers explore and stimulate the anterior region of his mouth around the gums, the buccal mucosa, and the palate.

After about fifteen minutes John leaves his bottle on the floor and does not seem to pay any further attention to it. His mother once again leaves the room and, suddenly aware of her second absence, he begins to whine, looking very distressed and unhappy, finally bursts out into loud crying, rushing frantically about the room in obvious search of his mother. He tries desperately but unsuccessfully to open the doors. Father's presence does not seem to alleviate Johnny's anxiety. Since father seems unable to offer any comfort, I suggest that Johnny might want to see his mother. Ignoring his father, he turns to the nursery school teacher, a relative stranger, gives her his hand and is led from the room to a nearby office where he finds his mother. After they return to the nursery school room he is peaceful for a few minutes but then leads his mother to one of the doors. He seems eager to get away from the situation and becomes frustrated and increasingly excited when she does not open any doors for him. As a temper tantrum seems close, father jumps into the situation, picking up the bottle and giving it to mother, who in turn hands it to John. Within a second he becomes quiet, happy, smiling and wanders off with the bottle between his teeth almost a song on his lips. This mood continues as he again climbs up on

his mother. At this point, another child enters the room and John clings to his mother while the boy, intrigued by the baby bottle that John has, walks over to John and climbs up next to him.

As he tries to get the bottle John makes not even the slightest motion of resistance and pretends not to be aware that his bottle is gone. He becomes more active, playing with his mother, climbing onto a truck and kicking it around a bit. Suddenly, as if he had become aware of his loss only now, he whines and looks terribly unhappy. When the bottle is returned to him, he appears peaceful for only a few minutes and then again becomes anxious and whiney. Seemingly wanting to leave the room, he leads his mother from one door to another, until she finally opens the door into the corridor and takes him out. He is relieved, wanders away, walks up the stairs, looks from one room into another and finally wanders into an office where he lies down on the couch in a very contented way. He again tilts the bottle so that the milk trickles into his mouth and smiles happily as he gurgles and sucks at the nipple.

Impression: In this first session, the child's rapid mood changes and his low threshold for frustration are notable, as evidenced by the extremely rapid transition from peaceful serenity to fretful, discontented whining. At first unaware of mother's departure, he reacts almost immediately and explosively to her second absence. The loss of his bottle is initially ignored but a few minutes later he reacts to it with great violence. Striking is mother's seeming passivity, her use of the bottle as a pacifier, and her attempts to follow the child's lead and not to interfere. Of significance, especially in connection with later material, is Johnny's violent reaction to mother's refusal to open doors for him.

Excerpt from Second Interview

I invite mother and John to come upstairs with me and mother carries John up the stairs. In the therapy room she sits in the rocking chair and John immediately walks over to the doll house, reaches for a few dishes and starts to bite them. After a few minutes of biting and aimless exploring he wanders over to his mother, clutching at his penis and rubs his genital area against her knee. He raises his arms to indicate that he wants to be lifted. Mother takes him on her knee and slides John up and down, then again presses him to her bosom, while gently patting him on the buttocks. With his mother Johnny continuously masturbates, both by rubbing his penis with his hand and by pressing against his mother. Mrs. I. does not offer any resistance, lets him get down when he wishes to and rub against her as he desires. After a while, however, she

decides to distract him by trying to force some toy aluminum dishes between his teeth. He quite definitely rejects these, first by trying to avert his head and then by taking the dishes from her and throwing them on the floor, and continues to masturbate.

After a while he goes over to the dictaphone and starts to bite on the metal tube. He tries to disconnect it, then, obviously not wanting to relinquish it, yet trying to get to his mother, John furiously yanks at the tube and bites it in his frustration, squeezes his penis and becomes very agitated as he cries, whines, stamps, and works up to a temper tantrum. When he finally realizes that he is unsuccessful in his efforts with the speaking tube, he walks over to the door, whines, and tries to get his mother to open the door for him. When she does not do this he becomes violently angry, stamping up and down in a rage. After a few minutes he suddenly stops and becomes peaceful, quiet, and calm.

Impression: Striking in this interview is the way John makes little distinction between his own and his mother's body, as he uses his hands, mother's breast or face, or his bottle quite interchangeably to excite his genitals. Significant too is mother's acceptance of John's masturbation and of the use of her body for stimulation, as if she were unaware of the presence of others and of the meaning of John's activity. But there seems to be a point at which John's excitement becomes intolerable to mother and then only, she extricates her body and reaches for an object to thrust it into John's mouth.

Excerpt from Third Interview

John is in the sink section of the nursery school room with the teacher. His parents are sitting in an adjacent part of the room, each absorbed in a book. Miss King tries to interest John in pouring water from a cup into a pail. He takes the cup of water from her but drinks from it. After a few minutes he wanders into the next room. When I roll a truck to him he rolls it back, mouths it as we continue to roll it back and forth, and seems to participate in this play.

At one time today he approaches father but just short of getting on his father's knee he turns away. He walks toward Miss King from time to time, almost as if he were going to make contact with her, but never quite gets there. His mother continues to be his main focus of interest and attention. He repeats the behavior with mother that has been increasingly prominent over the past couple of days, that is, he gets the bottle, falls all over his mother, and masturbates. Today in the midst of this peaceful scene another child comes into the nursery room. This precipitates an immediate and dramatic response from Johnny, who begins to scream

wildly and loudly, rushes around the room with his mother in tow, behaving as if in a state of terror. The parents look frightened and do not know what to do with him. Mother picks him up, father gives him some crackers, but Johnny continues to scream without a letup, stamping when he is on the floor, hitting his mother or himself when she holds him, expressing a great deal of what seems to be agony and fear as he furtively looks back at the other boy from time to time. After a few minutes I suggest to mother that she bring him upstairs to my room. Johnny cries all the way upstairs, but after being left alone with his mother for about five minutes he quiets down. When I return to the room he is sitting in mother's lap sucking on his bottle. The masturbatory activity that had gone on downstairs plays an even more prominent role here. In addition to fondling his penis with his hand he puts the bottle between his legs, pressing it against his penis. This alternates with similar pressure of the genital area against his mother's knee, breasts, or face. At one time he has a very anxious appearance as he pulls at his penis; and when mother interrupts his activity with a comment he becomes very angry, begins to climb all over her, and ends up by biting her. In addition to biting her, Johnny pulls her hair from time to time. The positions they get into are extraordinary. Johnny sprawls all over his mother, face upward, puts his hand backward so that he finds her neck—she behaves as if she were quite helpless in this situation, letting her arms fall down to her sides. It is in such a position that he will be happily masturbating and then will suddenly yank her hair.

However, from time to time there is a very different quality to their interchange. Mother and child become playful and relaxed. John will then smile at his mother in a responsive, meaningful way. When she plays a game with his lips he gets her hand and has her repeat the game, smiling at her in a happy and affectionate manner. At one time mother comments with reference to his biting her that she is "storing it all up." After the hair pulling she comments, "There are limits, and this is one of them," as she disentangles herself from him.

Impression: Other aspects of the interaction between mother and child are now demonstrated. I am impressed with the rapid oscillation between the affectionate contact and Johnny's biting and hair pulling. Mother apparently reacts to the latter with passive helplessness and the verbalization that she is "storing it all up." Johnny's almost complete exclusion of the father now begins to waver a bit as he makes tentative approaches to Mr. I. Father continues to function in the capacity of assistant mother, handing the bottle to Mrs. I. so that she can placate Johnny. Finally we again

note John's intense reaction to the threat he feels when another child disturbs the tranquil scene, and his even more violent disturbance when he cannot escape through the closed doors.

Excerpt from Fourth Interview

John climbs on his mother's back, and after playing there for a few minutes suddenly and forcibly knocks her glasses off her face. She talks about the black and blue marks she has on her arm and pushes back her polo shirt to show me the most recent one. John occasionally smiles directly at his mother, especially when he responds to gestures or smiles from her. The mother's behavior toward him continues to be inconsistent. Thus she often holds herself rigid and says she is not going to give him much lap or room to cuddle in. At other times she will, without provocation, put her arms around him, pinch him gently, pat him about the legs or buttocks, and at one time she started to kiss him quite forcibly on the back of his neck. He is very pleased with the latter activity, but ends it when he grabs his mother around the neck and yanks her hair.

Impression: As we come to the end of this initial period, we observe the mother becoming much more active as she takes the initiative in caressing and stimulating Johnny.

NURSERY SCHOOL OBSERVATIONS BY JOHN'S TEACHER

John is a compact boy with rough, curly blond hair that is long, giving him a bohemian rather than feminine air. He has vivid blue eyes and a complexion that varies from sallow to golden. He is beset with intense feelings, and his whole body swings with his moods. At times he looks round-shouldered, with stomach protruding, head hanging, and mouth open, gazing into space while shuffling around the room. In sharp contrast to this, he holds himself rigid at other times, with arms stiffened away from his body and fingers widespread. At other times he is graceful and light-footed, and even when upset he does not stumble, bump into things, or hurt himself accidentally as many of our children do in the complex and swiftly changing physical environment of the nursery school.

Excerpt from First Visit

John led his parents into the room, pulling his mother by the hand. They circled the room several times, John leaning heavily forward and stamping his feet. After a while, he began to cry and hit at his mother's

knees and at the air with stiff arm movements. Father immediately handed mother a bottle of milk; she laid John on his back at her feet and put the bottle in his mouth. He stopped crying immediately, but when father handed mother a kleenex to wipe his running nose he squirmed and protested.

After the other child left John became more relaxed and began moving about the room with his mother. He scratched at the fireplace screen and removed the bottle in order to lick the wire; then he dropped the bottle and pulled the screen down so that he was sitting with it in his lap. Johnny chewed on the iron part of the screen, making a sharp cracking, grinding sound, so I offered to get some crackers for him to chew. Mother refused quickly and firmly, saying, "Oh, no, there's no point in having crackers around; he won't eat anything." When I rolled a plastic cup about on the screen, he watched it come close to him and then roll back down. Abandoning the screen, he eventually got the cup and threw it behind him with one quick easy motion. Throughout this play he kept his eyes fixed on the cup. When I caught his eye and smiled, he began to cry.

Excerpt from Second Visit

Johnny was again the only child in the nursery school room; he was sunny at first, in contrast to the day before. Relaxed, he trotted around in a circle with his bottle, pausing to look at things and delicately touch them. Passing me once, he looked directly at me with a brief but vivid smile. From this activity he moved back to his mother and became involved in more intensive mouthing, squirming against her and masturbating. A few minutes after mother left to keep her appointment with Miss Andersen, Johnny began to cry and ran frantically from door to door. He did not turn to his father, who opened the door for him, but accepted my hand and continued to cry until we found his mother. Johnny spent the rest of the afternoon with Dr. Kaplan in the nursery school room. Just before leaving he walked into the midst of a wildly noisy and excited group of children, looking quite happy.

During this two-week diagnostic period, Johnny came to the nursery school daily. Because he showed a marked delight and freedom when there were no other children present, he and his parents spent the noon hour between sessions in the nursery room and had their lunch there. It was not until the fourth day that Johnny would even approach food, and even then his diet remained confined to his bottle and some crackers. The next day he began to play with food, chewing some bacon, etc., spitting most of it out, and swallowing some. Thereafter there was a

rapid increase in his food intake, as he continued to spurn food on his plate but seized scraps from his mother's dish.

John's response to other children varied enormously. At times he seemed to enjoy group hilarity. However, this would end in a frenzy of terror or anger, and he would scream and lead his mother out of the room. Sometimes he would drag her back toward the group almost before he had stopped crying. As this fortnight progressed, his tolerance for group activity rapidly waned.

Impression: John is a very troubled boy, who reacts to the slightest change around him with a total response of body and mood. The position taken by his body seems to express his mood of relaxation, tension, or bewilderment. His mouth, too, reveals his feelings. He uses the bottle as a pacifier, but at moments of great distress this palliative does not suffice, and then he chews, bites, or screams. It looks as if he needed a certain feeling of security before he can allow himself to eat. His initial acceptance of other children recedes and he acts as if he were bewildered by their presence.

DISCUSSION

In reviewing the case of John I. before the onset of his withdrawal and regression (which began when he was eighteen months old), we wish to highlight those manifestations in his development which might be considered as forerunners of his actual disturbance.

A. Oral Manifestations

(1) *The use of the bottle as a pacifier* when he was fretful or at times when his parents did not wish to be disturbed, such as the early morning hours when they would give him two or three bottles at hourly intervals. It seems plausible that for John the bottle became a substitute for mother.

(2) *Vomiting*

(3) *Increasing Refusal to Chew or to Accept Solid Foods* from the second half of his first year although at the same time chewing on metal objects. This suggests a pronounced conflict in the oral aggressive sphere.

B. Precocious Autoerotic Activity

By the time he was four months old John was rocking on his hands and knees and banging his head on the pillow. Masturbation began at five months and became progressively more intense as he attempted to ward off unpleasant or frightening experiences.

C. Concern Over Noise and Fear of Strangers

These reactions developed or were noticed by parents when John was ten months old. We might see in them an indication of the child's sensitivity.

D. Withdrawal

As a toddler, John withdrew to a vacant room with his bottle whenever he became confused by the presence of people.

In summary, it is significant that prior to the two major events—the parents' departure and mother's subsequent pregnancy (and the birth of the baby)—John had used withdrawal and autoerotic gratification as defenses against frustration.

With this background in mind, we are perhaps less mystified to learn how extreme were John's reactions when his parents returned from their two-weeks vacation. We recall his refusal to recognize his parents, his pushing away of mother, refusal of food, giving up of speech, his progressive retreat to the isolation of his own room, and finally his complete turning to his own body for solace and comfort. We note, too, that when John became aware of mother's pregnancy his irritability increased and he became more and more difficult to manage.

When his baby brother was born, John ignored him completely for several months. (Here again we see the use of withdrawal, of isolation, as a defense.) Subsequently, however, he showed a violent reaction, screaming continuously in fury and despair, and refusing to go to sleep at home. Sedatives were required and rides in the car until he fell asleep.

Because it was felt that John needed his mother's exclusive attention, she was compelled to give the baby sister temporarily to her mother. This resulted in enough amelioration of John's distress so that he allowed his parents into his room. His sleeplessness persisted, however, until the parents actually left their home in order to bring him to Boston.

When John was first seen at the Center, he looked troubled and bewildered. The loss of speech, refusal of food except for the bottle, and lack of toilet training still persisted. His rapid mood changes and his low threshold for frustration were striking. He had contact only with his mother and used her mainly as a means of enhancing his autoerotic gratifications. The same is true for the bottle, which he used not so much for drinking as for a means of caressing his body. These attempts to maintain a balance were unsuccessful and left him in a constant state of tension and disquietude. When the scales were further tipped by some

additional frustration such as the temporary absence of mother or bottle, he would attempt to maintain his equilibrium by ignoring the situation but, this failing, would react with terrific temper tantrums.

The goal of his other activities seemed to be the stimulation of the mouth region, particularly the palate. An almost inevitable approach to any object was a tentative brushing of the toy across his lips or tongue. Even when he was relatively quiescent, his mouth continued to be in constant motion. Little of what he bit was swallowed; rather, he licked and chewed paper, etc., and then permitted the soggy pieces to drop out of his half-open mouth. As he continued to stimulate the mouth region, he became more and more taut with increasing excitement.

The clinical observations of our team workers were made independently of each other, but all concurred to give us a picture of an "atypical" (psychotic) child. As known to us from our previous studies, these profoundly disturbed children are characterized by scattered development and a simultaneous functioning at various levels because of their fragmented ego. A scrutiny of a number of our case histories leads us to assume that such a condition is produced by the lack of an emotional climate (i.e., the lack of a stable maternal figure) conducive to the formation of satisfactory early object relationships. (Our main focus is the study of the child's reaction to his environment. This does not exclude or minimize the significance of constitutional factors.)²

How about John's mother? This young, vigorous and attractive woman appears to the observer to be entirely absorbed in her own and the child's fantasies, showing no embarrassment or inhibition in indulging her son's demands. Whether the child masturbates in front of her or uses her body as a stimulant, whether he attacks her by pulling her hair or biting—or whether the mother for her part thrusts a bottle of milk into Johnny's mouth or gives him a metallic object to bite and chew—we see her swinging from passive to active participation in the child's autoerotic gratifications. Then, a prohibition suddenly emerges from within and mother extricates herself from what for her becomes an intolerable situation. Such quick successions of seductive indulgence and thwarting must be expressive of her ambivalent feelings and devastating for John.

At this early stage of our contact with the family—two interviews with mother and two with father—we are aware that any statement must be tentative and looked upon as an hypothesis. We may assume that Mrs. I.'s personality can be traced to an unsatisfying, ambivalent relationship with her own mother, who, leaving her daughter's care to

2. Compare our previous publications. (See Bibliography Numbers 9, 10, 12, 13, 14, 15, 16.)

others, tried to compensate by indulging her child; then repeatedly disappointed her by turning to her professional interests. Such an inconsistent relationship with mother in a situation where there was no father to rescue the child from the constant alternation between hope and disappointment, must create a basic mistrust of all human relationships. Mrs. I. might well be unable to trust any one relationship and therefore be incapable of giving herself to anyone completely. Her relationship to people is, in fact, marked by that adolescent quality of overintensity of attachment followed by shifting from one object to another, in endless search of someone or something. Yet, while her longing for the ideal love object—the all-giving mother (the breast)—persists, she will remain unsatisfied and insatiable. This quality of insatiability, and what may be thought of as a precarious ego boundary, extends to the child with whom she is in symbiosis, thus making little distinction between her own and the child's body (see the observations by psychiatrist and teacher).

Johnny's part in this is clearly demonstrated; he is so intensely enmeshed with his mother that he uses interchangeably his own hands, his penis, mother's breast, her knee or his bottle. Such lack of differentiation hinders the development of a distinct concept of body image. It follows that separation from any object which is conceived of as part of the self is equivalent to a loss of a part of the self, i.e., a disruption of the integrity of the body. A new body image must then be created and this, in turn, implies a drastic change in the child's relationship to the self and the outside world.

We see this happen in Johnny's reaction to mother's withdrawal or actual absence, when he turns away completely from the frustrating object and immerses himself in his own world of fantasy. Here there is no need for communication, no need for words or people; for people are conceived only as *agents de frustration*. Such a complete retreat, however, would not have been precipitated by the actual separation (parental absence) or the arrival of the baby sister if the child's ego had not previously been exposed to frequent or quasichronic frustrations which so weakened its capacity that it could not deal with additional traumata except in these final terms (4).

How then are we to evaluate John's arrested development and further regression? We ask ourselves whether his reaction should be considered as the beginning of a childhood schizophrenia or as a grief reaction, or can it be looked upon as a melancholic depression. Freud in his fundamental contribution "Mourning and Melancholia" provides us with definite criteria to distinguish between grief and melancholia. "In grief we found that the ego's inhibited condition and loss of

interest was fully accounted for by the absorbing work of mourning. The unknown loss in melancholia would also result in an inner labour of the same kind and hence would be responsible for the melancholic inhibition. Only, the inhibition of the melancholiac seems puzzling to us because we cannot see what it is that absorbs him so entirely. Now the melancholiac displays something else which is lacking in grief—an extraordinary fall in his self-esteem, an impoverishment of his ego on a grand scale. In grief the world becomes poor and empty; in melancholia it is the ego itself" (5, p. 155).

Following Abraham (1), who first introduced the concept of primal depression due to a severe narcissistic injury to the infant in the later oral stage, Rado (11) developed the concept that a severe and lasting hunger represents the earliest forerunner of profound disappointment, creating the hopeless despair of the baby craving the mother's breast, which is later experienced as an insatiable demand for oral gratification and an intense craving for narcissistic supplies.

In the case of John I., we see that disappointments or frustrations have been frequent throughout his life (from the earliest oral stage). He was not, however, a victim of physiological hunger, since he was on a self-demand schedule and exceptionally indulged in this respect. The sources of his frustration were of a subtler nature, to be found in the ambivalence of the relationship between mother and child. We recall the emotional inconsistency of Mrs. I.'s behavior with John. When she devoted herself exclusively to him, it was with her usual intensity and fervor, but all too frequently she was totally engrossed in the pursuit of her own pleasures and interests—immersed in her reading, in heated intellectual discussions, in incessant smoking—leaving John completely out of the picture, diverting him to his bottle and unwittingly encouraging him to various autoerotic activities in substitution for her. Already in his fourth or fifth months we see Johnny turning to his own body for relief by rocking and masturbating. We wonder whether the discovery of these autoerotic activities may not have created even at this tender age a feeling of self-sufficiency and independence from the outside world which facilitated the later withdrawal and isolation whenever he found himself in a thwarting situation. The withdrawal became more complete and gradual regression took place when John had to face still greater disappointments. From the reports which the parents have given us, we see that this reaction reached a peak at the birth of John's baby sister. At this time, John apparently attempted to detach his libido completely from his parents; he could not tolerate their presence and remained shut in his room, into which his bottle of milk had to be smuggled. After a few months, however, a breach was

made in this isolation, whether from within or without we do not know. Thereafter, Johnny became aware of his parents' attention to the baby, was furious and unhappy, incapable of going to sleep, thus forcing his parents to dispose of the disturbing element, the baby sister, which in turn brought some amelioration of his agitation (3).

According to Edith Jacobson, who studied "The Effect of Disappointment on Ego and Superego Formation in Normal and Depressive Development," John I. would belong, no doubt, to those children of whom she says on page 145: "There are definite observations of children up to three years with depressive symptoms which reflect disturbances of the preoedipal mother-child relationship." And furthermore she adds: "In the analysis of adults one can rarely ascertain such early fore-runners of the later illness, which may be overshadowed by the fatal impact of the oedipus experiences."

Edward Bibring (3) would stress here the helplessness of the ego as the major factor, since this case illustrates poignantly his thesis that the little child has practically no power over its objects and is wholly dependent on the benevolence of the environment for the gratification of his needs. "The early self-experience of the ego's lack of power over the object is probably the earliest and most frequent factor to the mechanism of depression."

As for ourselves, in evaluating John's case we were not so much interested at this particular moment of our study to discuss the predisposition to depression or differential diagnosis, but rather to study the effect of such severe disappointments in the actual formation of psychic structure.

Recapitulation:

In evaluating John's case, we have considered his state of mind prior to the onset of his illness to be one of *chronic mild depression* and his reaction to the two subsequent events already described as an *acute exacerbation of grief*, a kind of *primal agitated depression*, in which even more extensive regressive withdrawal of the libido from the object into the ego became imperative. Clearly such depression, manifested by withdrawal and extreme narcissistic cathexis, would inevitably hamper further development, either emotional or social, and encourage those manifestations which are directly or indirectly concerned with narcissistic bodily gratification.

It is an every-day observation that the young child may give up newly acquired achievements which have been viewed as signs of his maturation and development whenever he becomes deeply disappointed in his love object. But in relatively healthy, normal children such regres-

sions are temporary and contrast sharply with the intensity and finality of the regression which John shows. In our opinion, John's reaction is characteristic of the atypical child. In a recent paper (16), we made the following formulation: "We have attributed such (atypical) development to the lack of an emotional climate favorable to the development of an ego capable of mediating between the self and the outside world and conducive to the forming of early object relationships. When the ego recognizes only fragments of reality (part objects), it develops single functions; but without the central core built from the introjection of a stable maternal image, conceived as a whole, it does not acquire the synthetic function capable of controlling instinctual drives, both sexual and aggressive. Its task to serve self-preservation is frequently challenged or is maintained only as far as the body surface is concerned. The libido is invested exclusively in the self; all body zones are eroticized and the child pursues a state of excitability." We would now elaborate this formulation by emphasizing that the primal depression—with its concomitant regression—which ensues as a reaction to major traumata is the decisive turning point in the production of the arrest.

Summary:

We have presented to you the case of John I. in order to demonstrate the work of The James Jackson Putnam Children's Center and its underlying philosophy. The material here discussed represents observations and impressions of the team workers as they brought them to our first diagnostic conference.

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PROBLEMS OF MASTURBATION

On January 16, 1950 and February 13, 1950, the New York Psychoanalytic Society reopened a discussion on the problems of masturbation, taking as point of departure the *Onanie Diskussion* of 1912. A translation of Victor Tausk's contribution to the 1912 symposium is included in the present symposium.



ON MASTURBATION¹

By VICTOR TAUSK, M.D.²

The elements which are essential for a presentation of masturbation may be summarized in the following outline:

1. The subjects of masturbation
2. The origins of masturbation
3. Aim and effects of masturbation
 - a) the significance of masturbation for the individual and society
 - b) under which conditions does masturbation become harmful?

This outline might create the impression that masturbation could be clearly and unequivocally presented and explained as a well-defined phenomenon occurring in isolation. This is not possible, however. As a special phenomenon in man's sexual life, masturbation—which in every case is representative of the subject's entire sexual attitude—has as many relations to all manifestations of life as sexuality itself. It may be regarded, right from the start, as an illusory undertaking if anybody should venture to present the significance of sexuality in all its ramifications for life in general.

As a partial manifestation of sexual life, masturbation appears to the superficial observer as a special form of activity of the sexual instincts which results in a self-gratification and a discharge of sexual excitation without the use of any object other than one's own body. The conception of masturbation which is based on this popular definition proves to be inadequate, however, and does not sufficiently describe the real situation, not even from a purely empirical point of view. In the first place masturbation is practiced as often with the use of outside objects of all sort as without them. Inanimate as well as animate objects, animals as well as human beings of both sexes, are used in masturbatory activities, and particularly human beings are often used in such a way that no external criterion can be applied to determine whether a masturbatory act or a full-fledged sexual act, which unconditionally presupposes the participation of a partner, is practiced. Many a man will con-

1. Victor Tausk's contribution in *Die Onanie: Vierzehn Beiträge zu einer Diskussion der "Wiener Psychoanalytischen Vereinigung."* Wiesbaden: J. F. Bergman, 1912, pp. 48-68.

2. Translated by William G. Niederland, M.D. (New York).

fess that he masturbates with his penis in the vagina of the woman. Although the act of genital union between individuals of different sex is the only type of true sexual intercourse in bisexual species, it is perceived as an onanistic activity. The criterion which determines whether a sexual act is either a masturbatory one or intercourse is not given in the external form of the sexual behavior but in the psychic superstructure of the physical process.

The concept of masturbation must be defined and delimited not only in relation to coitus as a full-fledged sexual act, but also in relation to human activities which apparently do not possess the character of sexuality at all. When women become sexually stimulated by playing with the nipples, or men induce ejaculation by frictions in the anus, such acts will be recognized as masturbatory ones without objection, although they do not involve manipulation of the genitals as such. But when a person sucks his thumb, picks his nose, incessantly licks his lips, or pulls his ear lobe, one must expect that the assertion that these are masturbatory acts will be disputed.

Furthermore, we must prove that the above-mentioned activities are truly sexual activities. Here we are confronted with the problem of the limitations of the concept of sexuality, and it becomes apparent that the problem of onanism, as far as can be seen from these acts, is only a special form of the sexual function.

The concept of sexuality on which my views are based, is Freud's concept of its scope and nature as stated by him in the various areas of the science of psychoanalysis. According to Freud, the human species possesses two basic instincts: the reproductive instinct and the instinct of self-preservation. The reproductive instinct is represented in each human being by the sexual instinct; the instinct of self-preservation, by all the other instincts, through the activity of which the individual secures his existence.³

3. The instinct of self-preservation must be credited with the creation of consciousness which came into being as the organ of temporal distance perception. Orientation in time (i.e., contemporaneousness and succession) is identical with the perception of the sequence of images and affects—that is, with the perception of inner processes. Hence, consciousness is an organ for the perception of the individual's own psychic processes. In the service of self-preservation it creates the consciousness of the self, the consciousness of the individual's own unique existence, which has distinct boundaries in relation to all other individuals, and which is a unit of self-preservation in the species. The ego, therefore, is a representative concept for all those functions by which an individual endeavors to secure the preservation of his own unique existence. Inasmuch as this representative concept has been based on the reality of self-preservation, the ego becomes the regulating principle of all of the individual's relations to the external world. In this sense we are justified to speak of the group of ego instincts, in the case of the entire group of instincts which serve self-preservation, in contradistinction to the sexual instinct.

The special organ which serves the reproductive function is the genital organ. However, sexuality is practiced not only for the purpose of reproduction, which is in fact only the least part of its objective. It is practiced mainly for sexual pleasure and in this respect, sexuality has at its disposal—in addition to the genitals—other organs which at the same time serve the instinct of self-preservation. Freud calls these organs the erogenous zones and the genitals are spoken of as the principal or genital zone. As to the erogenous zones, a distinction should be made between those which are directly utilized for the attainment of sexual pleasure by directly furnishing sexual stimulations, and those which via symbolization and secondary cathexis assume the role of sexual zones. In the first group belong the sense organs; in the second, all parts of the body. The essential importance of this distinction cannot be further explained here. A more thorough study of psychoanalysis is necessary for its understanding. At any rate, at this point, it can be stated that every organ which can furnish sexual pleasure lends itself to sexual activity and therefore also to masturbation.

As sexual activity, apart from the genital function, we understand that activity of an erogenous zone which is undertaken in the service of an idea or fantasy of sexual activity. The hand which touches another body accomplishes a sexual act only if its action is accompanied by the idea that the body to be touched is an object for the attainment of sexual pleasure. Without this fantasy the touching hand merely performs orientation work in the service of self-preservation. Psychoanalysis teaches that the fantasy which determines a certain action need not be conscious. It can be completely unconscious, i.e., it can be deduced from the action that it had been undertaken for the attainment of sexual pleasure, although the acting person cannot give any information about the purpose of his activity.

But quite apart from the question of consciousness, even in the case of an existing sexual aim which can be demonstrated psychoanalytically, not every activity is relevant for a definition of onanism. Sexuality also breaks through in neurotic symptoms and sublimated activities. There, however, sexual pleasure is symbolized as wish only and is not attained directly or specifically.

Accordingly, I define masturbation as that kind of sexual manipulation of the genitals or of an erogenous zone which has no partner as an indispensable prerequisite, and the aim of which consists in the direct discharge of sexual excitation. I do not include, therefore, the symbolic representation of the sexual pleasure (neurotic symptom, sublimation). Whether the masturbatory fantasy is conscious or unconscious is irrelevant to the concept of onanism.

Subjects of masturbation are individuals of both sexes in all age groups and in all social strata. However, the masturbation of children in the first year of life plays a different role. It is to be regarded in the same light as any other orientation activity of the infant on his own body, i.e., as a purely instinctual action. Only when certain manipulations, mainly on the genitals (later successively on the lips, navel, nipples, etc.) excite the specific sexual pleasure, and the activity of the child is directed toward the attainment of this specific pleasure which has already obtained psychic representation, can one speak of masturbation in the true sense of the word. The idea of the specific sexual pleasure must be immanent in the activity.

This situation certainly develops very soon. It can best be understood by the fact that children deliberately touch the genitals again and again, despite all objections on the part of the persons who take care of them. This obviously means that the child has already recognized the specific sensations of these organs and already seeks to attain sexual pleasure as such. The question whether sexual pleasure is known during the first period of childhood must be answered, in agreement with Freud, in the affirmative. Even theoretically it would be difficult to understand, indeed, why such a powerful innate instinct should not manifest its force from the beginning of human life—an instinct, whose purposeful function must be practiced both in the service of the preservation of the species and of the individualized highly differentiated means toward the attainment of pleasure, requiring a knowledge of all environmental objects. The degree to which children in the first years of life are capable of sexual tension and its discharge varies. Some authors have observed cases of orgasm-like excitation and subsequent increased sleepiness in one-year-old children. Ordinarily, however, masturbation at this age is rarely so intense. Rather it serves to bring about specifically toned pleasurable sensations and nothing else.

The origin of masturbation is plainly to be found in the sexual instinct. At first, onanism is nothing but that form of activity of the sexual instinct which corresponds to the infantile age.

The causes which lead to masturbatory activities vary according to age, environment, and the particular characteristics of the individual. The first causes are sexual stimulations induced by manipulations performed by the child on the various parts of his body for the purpose of orientation, through his sense of touch. To these stimulations, brought about by the individual himself, are added those which the persons who take care of the child habitually cause by touch and friction of the sexually excitable organs when they clean and dress the children. The manipulations of these persons are the first sexual seductions to which

the child succumbs. In this way the child begins to know the source of pleasure which springs from the act of touching the sexual zones by other persons and he also learns to use this source of pleasure without arousing suspicion. These first seductions are of the greatest importance for the life of the individual. They give rise to the fact that the child makes his needs for pleasure dependent on other human beings and tries to satisfy these needs with the help of others; they plainly constitute the first and indispensable precondition for the development of affection toward human beings, i.e., for the rise of love.

Inasmuch as the secondary erogenous zones as sexually unsuspicious areas are left accessible to the child for the attainment of pleasure (and they fortunately are accessible because our antisexually oriented period does not attribute to the child any "sinful" desires) they effect the exchange of love and the discharge of sexual excitement by caressing and fondling in close contact with other human beings. However, the amount of sexual excitation discharged in this way is not enough to bring about a complete release. The child, therefore, resorts to the principal sexual zone which provides the greatest pleasure and the most complete discharge. By so doing, the child comes in conflict with his guardians who do not tolerate a manifest sexual activity of this kind and try to suppress it by the use of all available educational means. Then it will depend upon the strength of the instinctual drive whether the need for sexual pleasure or the educational measures are victorious. From this conflict results the largest part of the significance which masturbation can acquire in the life of an individual. This conflict, indeed, is not the conflict between a permitted and a non-permitted form of sexual activity. The conflict of sexuality *in nuce*, manifesting itself in masturbation, clashes with the social law which is conveyed through the prohibitions of the guardians, and later, when education is removed from the care of individuals and transferred to society, it awaits the child with reward and punishment as the old prohibition under the new name of "moral law."

The degree to which the sexual fantasies can be removed from consciousness determines the degree to which the liberated energies can be employed in the service of other functions. Part of these energies are utilized, in the form of cultural or spiritual interests, by "sublimating" them into activities of a "higher" order. But another part cathects the erogenous zones and becomes active as specific sexual pleasure without genital fantasies. In this way the erogenous zones are sensitized for corresponding libidinous objects, and the manner in which the child reacts to them determines his attitudes of sympathy and antipathy toward the persons of his environment. Objective observation shows

that the child's likes and dislikes are expressed according to the same erotic reaction forms as we see them in adults. Body odor, hair color, organ contours, tenderness, etc., determine the attitude of the child toward other persons. However, inasmuch as one or several of these erogenous zones grow oversensitive for certain reasons (for instance, through a particular type or frequency of their use or through constitutional disposition) we notice in the child a spontaneous use of such a zone. The child then picks his nose, licks his lips, sucks his fingers, voluptuously touches various parts of his body, craves for strong smells, and so on. These infantile activities impress us as "naughty," but they are in most cases true masturbatory acts connected with the erogenous zones, i.e., infantile precursors of perversions. Of particular significance as a precipitating factor in masturbatory activity is the sadistic-masochistic component of the sexual instinct. Through the fact that this component is related to punishment it gives rise to fantasies of inflicting or of suffering pain. The sexual nature of such fantasies does not remain concealed to the child for long. These fantasies, in fact, are closely connected with definite genital excitations and their ideational content—if not already in existence—becomes the sexual fantasy *katexochen*, i.e., the genital fantasy. The child practices sadistic-masochistic masturbation by beating, biting, and scratching himself. A very common practice is that the child lies on his stomach and beats with his heels on his buttocks. Well known also is nail-biting or scratching legs and arms until blood comes.

As soon as imagination is sufficiently developed, conscious fantasies accompany the onanistic acts. They can also function as releasing agents by transferring the excitation obtained through reading, talking, or looking, to the principal genital or erogenous zone. The fantasies retain this significance also later on. Under certain conditions their use can become so independent that an interplay of such fantasies alone becomes sufficient to effect a complete discharge of the sexual excitation without any need for supporting physical manipulations. This is called *psychic onanism*. Just as the fantasied sexual aim of a masturbatory act can be unconscious, the specific fantasy which underlies the act can also be unconscious, such as a single fantasy or a combination of fantasies with a well-defined ideational content derived from the objective reality of pleasure-providing objects. The ideational content of an unconscious masturbatory fantasy can be elicited either by the individual himself—if the fantasy later becomes conscious—or by analysis of the special type of masturbatory activity.

The content of the first masturbatory fantasies centers around defecation, urination, fantasies of a masochistic and sadistic nature, as

well as fantastic infantile ideas about sexual acts practiced by adults among themselves, by adults with children, and by children among themselves. It often is not easy to unmask these fantasies as sexual in nature because the fantasied pleasure objects are not always the genitals. Freud succeeded in establishing the true character of these often entirely bizarre and incomprehensible fantasies; he did so by means of the investigation of infantile sexual theories, the understanding of which frequently requires the application of Freud's method of symbolic interpretation. In this way one can invariably detect in the persons appearing in the first masturbatory fantasies—apart from the child himself—parents and nurses, as well as servants and siblings. Often enough there appear in these fantasies animals as well as inanimate objects (dolls, urinals, etc.) as objects of sexual pleasure. On the basis of my experience, I have enumerated the persons occurring in the masturbatory fantasy in the order of the frequency of their appearance. This sequence is determined by the intensity of affection which governs the child's relation to these persons. Siblings appear last in this sequence. This has its good reasons. Sibling love is a late product resulting from the habit of living together. Hate, envy, resentment, and jealousy precede sibling love. However, as soon as a child has reconciled himself to the fact that he has brothers and sisters, the siblings, in most cases, take first place in the incest fantasies. The reasons for this are obvious. Siblings are free from shame in front of each other, and provide each other with sexual notions which the child has no reason to reject since they are offered to him with the permission of the parents. If children are not intimidated, one can easily induce them to confess these fantasies at any time. If the person in charge suspects that the activities of the siblings are of a sexual nature and therefore prohibits them, the incestuous siblings fantasy nevertheless remains in force, because such fantasies are composed of real images, based on distinct sensory impressions, which are not easily erased from memory since they form part of the actual life experiences, repeated each day.

Under the impact of these more recent fantasies, the older and more remote fantasies involving the parents recede. The child's sense of the immediate present replaces in his fantasies the vague, long-past impressions connected with the parents' bedroom with the actual and well-defined ideas related to the nursery. (In neurotic regression, we notice the occurrence of the opposite process: the present disturbing reality loses its significance for the creation of fantasies in comparison to the old childhood fantasies.)

However, in so far as children continue to derive direct and intense sexual pleasure from the parents also later on, the incestuous

fantasy centering on the parents has a good chance to become fixated. This is especially the case with children who sleep with their parents. By touching, smelling, and looking, they form quite realistic ideas of the parents' importance as sources of sexual pleasure. Precisely because these ideas correspond to an actually existing reality, they prove to be as resistant to repression as the sexual fantasies about siblings. The role of servants in the sexual fantasies of children is of the utmost importance. There is little doubt that servants commit true acts of seduction much more frequently than is ordinarily supposed. On his part, however, the child uses servants to release his own sadism by identifying himself with the parents and physically attacking the servants in violent outbursts of anger. Observation teaches that on such occasions the child tries to touch preferably the buttocks, the genital region, and the stomach. On the other hand, the child takes refuge with the servants against parental severity, thus intuitively perceiving the servants' hostility toward the master and allying himself with them. Such children like to stay close to the servants, always hang around the kitchen, establish close friendships with the personnel, and gain many and highly pleasurable sexual experiences by such apparently innocent contacts.

The masturbatory fantasy not only discloses to us the incestuous sexuality of the child; it also reveals to us that the child turns his sexual cravings, without discrimination, to animate and inanimate objects, persons of his own or opposite sex. Toward the fifth to sixth year of life, however, the manifoldness of sexual reactions becomes limited in most children, and heterosexual fantasies begin to prevail. With the start of the latency period which lasts from the sixth year to prepuberty, we observe a noticeable decrease in the sexual excitability in all areas. Physical masturbation, in particular, is then less frequent and in some children ceases completely (Freud). Entering school life and the regular occupation with lessons contributes to this decline to a considerable degree. This is obviously a period of high biological importance in which final sexual maturation, concentration of the sexual desire on the genital functions, and object choice are prepared.

With the great impetus of the sexual libido in puberty, apart from a few exceptions, there occurs a resurgence of masturbation. But now it has thoroughly changed its character. It has become a conscious sexual act. As a rule, it is practiced as a temporary satisfaction of the sexual desire, as a sort of *provisorium* until a complementary sexual object is attained.

It is obvious that masturbation becomes a problem *sui generis* only at the moment when it is no longer an age-adequate sexual practice corresponding to the specific developmental stage. We must bear in mind

that "age-adequate" from the viewpoint of society does not coincide with "age-adequate" from the viewpoint of the individual's development. Sexual abstinence after puberty is a cultural-pedagogical demand imposed on the normally developed individual. It is an artificial postulate which can be explained only in terms of cultural requirements but not in terms of the individual's biological development.

For the time being, during puberty and frequently even for several years longer, the phase of infantile sexuality—of masturbatory satisfaction—remains in existence simply because masturbation must continue to be the only available form of sexual activity. This is an artificial prolongation of childhood caused by social circumstances. At the same time, the gratification of sexuality through the various erogenous zones is now reduced to a minimum. All the many possibilities for discharging sexual excitation—such as kissing, fondling, caressing, and letting oneself be spoiled—which until now could be employed almost without objection, are liable to the most extreme inhibitions in puberty both by the adolescent himself and by the environment which suspects the sexual nature of his libidinous demands. The young adolescent is no longer able to ward off conscious sexual excitement resulting from what were formerly "innocent" affectionate activities, and he therefore suppresses any revealing actions under the pressure of the moral law with which he has meanwhile become acquainted.

THE EFFECTS OF MASTURBATION

The effects of masturbation must be considered from various aspects, though it will not be possible to treat them separately. Our discussion will primarily focus on the following questions:

- A. 1. The effects of the struggle to abstain from masturbation.
- 2. The effects of the masturbatory activity.
- B. 1. The somatic effects of masturbatory activity.
- 2. The psychological and social effects of masturbation.

THE STRUGGLE TO ABSTAIN FROM MASTURBATION

This struggle occurs in two developmental phases, in the transition to the latency period and in puberty. In both phases two opposing principles are at work to achieve abstinence: a biological and a pedagogical one. The biological factor of the latency period seems to be a developmental necessity aimed at the partial elimination of sexuality for the purpose of the socialization of the individual. In fact, we observe that children who do not want to relinquish sexual pleasure during the

latency period are difficult to educate, unmanageable, spiteful and moody. Their adjustment to the social environment fails to the extent to which they withdraw their libidinal component drives and affects from social regulation. It is possible that the latency period is not only a preparation for the individual's adjustment to the social order, but also for the utilization of sexuality for the attainment of a certain cultural level. Here education has actually taken over in effecting the achievement of an evolutionary tendency. It is at this time that the child begins to make upon his environment the social demands which he himself has to fulfill. He also appraises sexual objects from the viewpoint of his own ego. It is as a result of this developmental phase that—with only a few exceptions—human beings subsequently attribute to the sexual object its final complementary value from a social standpoint.

The demand for abstinence from masturbation during puberty is determined by a biological factor—the necessity of object choice in the service of the preservation of the species. This factor is presented by the pedagogues in a somewhat modified way not entirely in accord with biological facts. For the cultural postulate demands abstinence from masturbation and postponement of object choice. The adolescent is to be a man by renouncing his infantile sexual activity, i.e., masturbation; at the same time, he is not to be a man because he is not supposed to choose a sexual object. The actual present situation for the adolescent is such that it offers no compensation for this renunciation. It offers only punishment for defiance of the prohibition, and strives to divert the adolescent's desires for sexual activity into "spiritual" channels.

However, the instinct is, of course, without such insight and does not respect any plans for the future. The individual is therefore bound to provide a reason for himself which, apart from the fear of either punishment or the evil consequences of masturbation, shall enable him to be abstinent, i.e., to wait. In this way the individual must "rationalize" the required abstinence, and must strive to make the objects of his desires artificially inaccessible. This is done by means of overvaluing the sexual object (Freud). The artificial overvaluation has its strongest motivating power in the qualities of the love objects themselves whom the adolescent, consciously or unconsciously would be inclined to choose at first. For these objects are distinguished by the incest taboo. The adolescent returns especially to these objects because he is prohibited from choosing other sexual objects. He obeys the command to remain a child, by reinstating the infantile love objects into their old position which they have retained in the unconscious in any event. Their effect can be curtailed only by replacing them with other objects and "transferring" the libido invested in them to other objects.

If at this time parents and siblings are not declared *sacrosanct*, they are not safe from the libidinous aggression of the adolescent. Then the quality of overevaluation and with it that of unattainability are transferred from the above-mentioned persons to other sexual objects. The adolescent has thus paralyzed his aggression in all directions. This is the birth of lyricism. Its content is longing and not gratification, as it corresponds fully to the true status of the lyricist's libido.

However, rationalized longing is still not sufficient to dispense with sexual activity by masturbation. In most people, there appear, sooner or later and to a greater or lesser degree, symptoms which indicate that masturbation is not well-tolerated. A certain sickly appearance, a distracted air, anxiety, inability to concentrate, and guilt feelings are popularly regarded as signs of masturbation.

It is certain that this syndrome remains conspicuous only for a few years and does not ordinarily carry over into adulthood. A permanent damage resulting from masturbation occurs only under certain conditions.

THE SOMATIC EFFECTS OF MASTURBATION

As regards the somatic effects, apparently only the quantitative factor is important. Moderate masturbation, in the view of all authors, is harmless or even helpful. Excessive onanism adds toxic symptoms to the picture of the damaged masturbator. Moreover, it is likely that the frequent pollutions following excessive masturbation are caused by an organic weakening of the secretory and nervous systems, and that in this way so-called physical impotence results in extreme cases. In our civilization, however, a purely toxic neurosis on a masturbatory basis—termed by Freud *actual neurosis*—cannot, in my opinion, be found as such. In order to study this type fully, one would have to find an environment completely devoid of civilization, where masturbation is practiced excessively and where no psychogenic disturbances connected with the moral law are complicated by the purely toxic ones of masturbation. In this respect, there exist some observations from African countries which seem to indicate that extremely excessive masturbation, practiced over a period of many years, can lead to mental deterioration.

THE PSYCHOLOGICAL EFFECTS OF MASTURBATION

From a psychological viewpoint the effects of masturbation must be ascribed partly to the masturbatory activity and partly to the struggle for abstinence. The most striking factor among the effects of masturbation, etiologically as well as symptomatologically, is anxiety.

Anxiety

Anxiety arises whenever abreaction of the sexual excitation is quantitatively incomplete or qualitatively inadequate (Freud). In each case there remains an undischarged amount of excitation which manifests itself as anxiety, is converted into anxiety, or produces anxiety. It cannot be determined here which of these formulations can be applied in the case of anxiety arising out of the damming-up of libido. The facts are that most people react with anxiety to incomplete sexual gratification or to abstinence in the case of an overly strong libidinal drive. The rise of anxiety as a result of abstinence from masturbation in childhood cannot be regarded as specific for onanism, since onanism is the form of sexual activity corresponding to that very age. Only at a period when adequate and masturbatory sexual activities should become differentiated, can we observe the specific anxiety produced by onanism.

Since we empirically postulate an excess amount of undischarged excitation for the development of anxiety, the question now arises in what way masturbation during puberty and at a later age can bring about full sexual satisfaction. The answer is this: it depends on the degree to which the libido has progressed toward object choice and also on the extent to which the perversions which have developed in a given case are gratified by masturbation.

If at the time of masturbation the discrepancy between the developmental-libidinal phase and the actually possible form of sexual gratification is so great that the individual demands with sufficient force another object for intercourse, yet has to resort to his own body, no full sexual satisfaction can be expected from masturbation, and anxiety is bound to develop as a natural reaction to it.

Whenever, during puberty, the libido is still at the infantile stage of development and the individual still is psychologically autoerotic at that time, masturbation is the adequate type of sexual activity. It will allow a complete discharge of the libidinous excitation and anxiety will not develop. This case, however, has two important exceptions: masturbation can fail as an adequate means of gratification after puberty, despite the persistence of psychic infantilism, whenever the organism is overstimulated by excessive abuse and a toxic actual neurosis has developed. Second, whenever the fantasy accompanying masturbation is connected with a perversion that cannot be replaced by the fantasy as such (for instance, olfactory perversion without the capacity for olfactory hallucination).

From the coincidence of masturbation with a certain stage of libidinal development result the following possibilities for a harmful effect — of onanism:

Feelings of Guilt

Anxiety, first a free-floating feeling of insecurity and oppression, is rationalized, i.e., it is bound to an idea, the anxiety-producing significance of which has validity before the judging conscience. This idea is derived from the punishment complex, and is directly related to experiences of early childhood which were determined by the child's sadistic instinctual impulses. Anxiety bound in this way constitutes the feeling of guilt. The content of the guilty feeling can be separated, according to the analyses made by me, into a series of formulae in which the conscious parts could be successively replaced by unconscious ones (in parentheses) in the following way:

"I feel guilty because I have debased something very high (because I commit incest in my masturbatory fantasy, or debase the sanctity of the woman by my sexual fantasy)."

"I feel guilty because I am so weak and constantly give in to the stimulation (because later on I shall come to women in a weakened condition and women will despise me. They will ask me: Where is your virility for which we have been waiting?)."

"I feel guilty without knowing why. I am a sinner (I expect punishment for having defied the prohibition of incest)."

"I have always felt guilty, even as a child (but only when I had done something bad or had fantasied bad wishes against the parents. I always was afraid they could guess my thoughts and punish me)."

"I feel guilty before mother (I wanted to overcome father, to replace him vis-à-vis mother, and now he remains the victor, because I am no man; I am only a boy, and my mother only respects a real man)."

"I feel guilty before father (I have always wanted to be like father. Father indeed always expected this of me. I shall disappoint his hopes and I shall not be able to take his place in the family)."

The content of guilt feelings resulting from these formulae is derived from childhood, and has attached itself to masturbation, because masturbation, like those childhood "sins," represents a forbidden rebellion, a selfish abuse of higher values. The content of the feelings of guilt represent a real guilt vis-à-vis an unconscious demand. This demand was first made by the parents in earliest childhood; subsequently the child identified himself with the parents, whereby the demands of the parents became his own demands. But the child is not conscious of the fact that these are demands, he is aware merely of the wish to be the person whom the—by now already unconscious—demands of the parents required him to be. After the socialization of the ego has taken place, the requirements become the "idealized" demand, i.e., it is attributed to an idea which is nothing but the father acting in the un-

conscious, yet stripped of the personal quality. The mother acting in the unconscious is replaced by the "ideal love." The old punishment, too, reappears. It comes to the fore in the form of threatening harmful consequences if the forbidden pleasures are indulged in. But it must be emphasized that I have found guilt feelings only where masturbation does not give full satisfaction and where as a result anxiety developed. Conversely, I could see that there was no feeling of guilt in masturbation whenever it provided full satisfaction.

Damage to Object Choice

It is in the nature of masturbation that the masturbator derives the entire amount of pleasure from his own body, and that the latter is the object of his sexual desires. Masturbation is the autoerotic form of sexuality. As a manifestation of infantile sexuality it is a normal phenomenon corresponding to the developmental period in which it occurs, i.e., as long as the demand to socialize the sexual instincts does not exist. This demand confronts the individual from two sides, from within and from without. From within, it manifests itself as a postulate of an animal species which has individuals of two different sexes. The species requires, in the interest of its self-preservation, that individuals gratify their sexual needs not by using their own body but by intercourse with individuals of the opposite sex, with the aim of propagation. From without, the demand for socialization of the sexual instinct is fulfilled by the prohibition of autoerotic gratification. In this manner, the individual unconsciously becomes aware of the fact that other persons have a claim on him as regards his sexual activity, that he is responsible to others for this activity, and that he has no right to indulge in sexual pleasure for personal and selfish purposes only.

Object choice is delayed or completely put aside by masturbation. It is true that this delay first serves a cultural demand but only up to a certain point, which, though it varies considerably, usually coincides with the twentieth year of life. Beyond this age, the delay of object choice must be considered as an abnormal manifestation. The following factors, either acting together or separately, contribute to the delay of object choice:

Where onanism provides full satisfaction it perpetuates and fixates infantilism. The individual has no reason to compete with others for a sexual object since he finds all sources of pleasure easily within himself. *Omnis sua secum portat.*

When the individual is later faced with the demand to choose an object—a demand imposed by his own ego—the aggression necessary

for the acquisition of an object has not been sufficiently put in to practice yet and may by that time be so damaged that it is inadequate to the task at hand.

If there is enough aggression present—and various supportive environmental factors—to win an object, the outcome may be that the libido remains invested in the individual's own body just the same; in this case the sexual object has not been able to divert the pleasure which the masturbator has gained from his own body. He then rightly likens masturbation to full-fledged coitus and coitus to masturbation.

The significance of masturbatory fantasies for the inhibition of object choice is great. First of all, any reality compared to the perfection of the fantasied images must necessarily appear as a poor and inadequate substitute for masturbation. The fantasy thus bars the masturbator from reality. When he approaches the object, he becomes intolerant of the unavoidable shortcomings of corporeity because he has "spoiled" his libido by the masturbatory fantasy. Moreover, the fantasy furnishes to the masturbator perverted ideas which activate the infantile affects of perversion. In this way a perversion which could well have been repressed through normal and timely sexual activity can be fixated by masturbation. Masturbation thus becomes the bridge which leads to neurosis.

Masturbation undoes the subordination of homosexuality to heterosexuality required by the species, and makes each of these sexual components independent by means of the fantasy. In this process, homosexuality unconsciously becomes hypertrophic, because it finds a real substratum for its activity in the individual's own genitals. The individual gradually develops an enormous interest in his own genital. In some cases I have observed, this interest went so far that the genitals were completely personified, i.e., they were treated like real persons. Some masturbators carry on conversations with their genitals, call them "the little one," or "the little son," or "the little friend," and thank them for their loyalty, generosity, etc. Some individuals are really in love with their genitals. It is not surprising that in so strong an infantile attitude the boastfulness concerning the genitals leads to exhibitionism. Moreover, it is easy to understand that such a braggart also wants to see other genitals of the same sex, partly to get satisfaction out of the fact that his genitals impress others, and partly to convince himself that his fear concerning the inadequacy of his genitals is without foundation. In these cases, masturbation causes the growth of narcissism to the highest degree by means of the exhibitionistic and voyeuristic components of the sexual instinct. When this late form of an infantile developmental phase is reached at a time when a full and unselfish appraisal of the

objective world is required from the individual, the masturbator has also become inadequate in his relation to human society from the standpoint of his own ego. Narcissism liberates sadism; the narcissistic person becomes cruel because the suffering of others augments his self-confidence and flatters his vanity.

However, the narcissism which is produced by masturbation at puberty is not a pure product. We must not forget that we are dealing here with a pseudo infantilism and that the uncritical attitude to oneself has meanwhile been transformed, at least in part, to a critical one by the school, and by the example set by the environment. We thus find that the masturbating narcissist, after puberty, is permeated with self-distrust, regret, and self-reproaches deep down in his heart. The treatment of the damaged masturbator has to be approached from this angle.

Another circumstance which can become fatal for the future love life of the masturbator lies in the fact that in libidinous activities, masturbation directs the individual's exclusive attention to the genitals. I have often heard masturbators who thought of their form of sexual activity as a sort of evil *provisorium*, express the opinion that they could be cured by intercourse. Analysis showed that they thought only of female genitals. It became clear that the whole striving of these individuals was directed to the conquest of female genitals and not to that of a woman in her total personality. It further became clear that the central position held by the genitals in the minds of such individuals can determine the fate of the love life of the onanist. By virtue of making the genitals dominant, he loses his inner relation to the total personality of the woman. The perversions which were partly repressed and partly autoerotically or homosexually fixated by the fantasy are no longer available to the onanist in a heterosexual relationship. They cannot be brought into the foreplay, cannot fulfill their role as carriers of sexual forepleasure, and cannot add their own amount of excitation toward perfecting the sexual act. The onanist cannot wait. He is anxious for the immediate climax because to him the road to coitus is nothing but joyless avidity. Thus, the masturbatory coitus results in a disappointment of all illusions about the glorious nature of the female. The undischarged amount of sexual excitation produces anxiety, feelings of guilt and depression, the *tristitia post coitum*. More impoverished than ever, the onanist leaves the partner and, if he simultaneously gives up the hope for improvement, he returns again to masturbation. The desire to conquer a female genital and the simultaneous lack of inner relation to the woman as a person drives the onanist, at too early a stage, to prostitutes.

The rationalized disappointment in the woman may find its ex-

pression in cynicism. The onanist who uses a woman as an onanist does—i.e., who regards the whole woman as a female genital because he himself is only in love with his genital whose dominant position he has cultivated—is bound to consider love as a fraud. Since a partner cannot offer him more than he can offer himself, he proclaims that sexual intercourse is but individual pleasure devoid of any higher idea. With this, the social value of sexuality declines and the female becomes an object of lust to satisfy the sexual hunger in the same way that devouring satisfies the need for food. This withdrawal of personal feelings from the complexity of social and sublimated values is the essence of cynicism. The same man who has but contempt for love, because it serves him only as a means of self-satisfaction, shows by this that he only respects social values in the unconscious mind and that cynicism is but a symptom of his incapacity to perform a higher synthesis of the instinctual components with the partner. As a counterpart to this phenomenon one often hears masturbation referred to as "foolish" because "it doesn't give joy to anyone except to the onanist himself, though another person could also derive pleasure from it."

As regards human society, masturbation produces three essentially destructive factors: By fixating autoerotism and damaging a man's self-respect, it diminishes his capacity for competition. By perpetuating psychic infantilism, it undermines the sovereign position of the man in public life and in the family. By damaging potency, which develops as a physiological result if masturbation is practiced too early and too often, and finally by damaging the perversion-synthesis, love life is impoverished, and enormous disappointments for women ensue. In all probability, the masturbation of men can be considered as a substantial factor in the rise of the feminist movement for emancipation.

We now come to the last question, namely, the conditions under which masturbation becomes permanently injurious. No doubt a relatively poor constitutional resistance is to be regarded as responsible for the onset and extent of the damage.

This constitutional factor has to be considered in the etiology of the masturbatory damage. Neither the specific nature nor the extent of its influence, however, can be fully determined in the development of the damage. There is no reason, furthermore, to deviate from the empirical principle that weakness or strength of a constitution is only a relative concept, measured by the magnitude of the demands which are made upon it. A constitution becomes inadequate for maintaining the individual euphoria only when the demands of the environment surpass the range of its capacity. The disease develops on the basis of this relative insufficiency whenever the individual tries to adapt himself to the

excessive demand but fails in the struggle for adaptation. The disease is the symptom of a miscarried attempt at adaptation.

The conditions responsible for the development of damages through onanism may therefore be sought in the environmental circumstances of the individual. And it can hardly be regarded as a coincidence that all the eighteen cases on which the views presented here are based, show in certain respects the same environmental constellation. The children's upbringing in these families was characterized by a tendency to prevent the children from acquiring an honest understanding of the nature and importance of sexuality. The fathers in these families all had similar character traits: they were prudish and oversensitive to any expression of sexuality; they were domineering and much concerned with emphasizing their paternal position; they considered it a dogmatic necessity to appear to the children as unapproachable, perfect persons. Most of all, however, these families clearly aimed at deceiving the children concerning the sexuality of adults.

If we now return to our assertion that the growth of masturbatory damage is determined by the development of the ego at the time of masturbation, we can see that we have found in this particular milieu the factor which keeps sexuality artificially at an infantile level. At the onset of puberty, then, masturbation is coupled with the infantile incestuous fantasies.

In the meantime, however, the ego has progressed to that point of development which is sufficient for the regulation of social relations in accordance with the child's age. At the same time, the ego proves inadequate for the integration of sexuality into the social pattern because the sexuality available to the ego has remained socially useless and infantile. In order to bring this retarded sexuality to an adequate maturation, the ego would first have to legitimize it.

It is obvious that the ego cannot fulfill its regulating function vis-à-vis sexuality if the incestuous fantasies are unconscious. When the latter become conscious, the ego can normally reduce their significance, because the adolescent knows that the incest barrier cannot be overcome and that the incestuous fantasy cannot be realized. Since incest must be renounced and the libido cannot remain without an object, it is then transferred to other objects. At this point, masturbation as well can be given up; for the adolescent now has a chance to attain a love object, though at some later date, and he preserves himself for real object love. It is a well-known fact that masturbation is given up in most cases when an individual falls in love. One could expect, therefore, that as soon as the incestuous fantasy becomes conscious and still more so, as soon as object choice occurs, masturbation is given up. Nevertheless, in patho-

logical cases, onanism continues and produces the above-described damages by its perseverance.

I have found in these cases that masturbation is the expression of an unconscious rebellion against the father. It is a compromise between the ego and sexuality. This could be formulated in the following way: Father wants me to remain a child by preserving my infantile sexuality. But my father is wrong in forcing infantilism upon me. I masturbate to spite him, and it will be his fault if I should suffer any damage from it.

In confirmation of this view, I may point out that masturbation was given up as soon as the unconscious sadism against the father was uncovered and terminated. I saw onanism recur after intervals of many years when the individual was again thrown into an infantile passive role against an authoritative social milieu. Analysis showed that this passivity had all the characteristics of that helplessness in which the individual originally found himself vis-à-vis the father, and that the compelling situation contains the same tendency which the father wanted to enforce against the will of the boy.

An environment where the children are kept in fear and submission, where false ideas about sexuality and its importance are engendered, and where the naiveté of infantile sexual manifestations is combatted with an intensity which can no longer be excused by lack of understanding alone—it is this sort of environment that I have found in the eighteen cases on which these observations were made.

This type of milieu is thoroughly prone to breed artificial infantilism and to expose the child, helpless and without support, to the libidinous storms of puberty. It is in this semidarkness, artificially produced by education, that fantasy and the secret lust for forbidden pleasures flourish, and from which there is no escape. Communication with the correcting and regulating forces of the outer world is blocked "for reasons of morality."

The rebellion against this environmental pressure feeds the sadistic component which, however, the adolescent can turn only against himself. Devoid of any power, what else should he do but turn his libido toward his own body? And if this is not the proper thing, if he cannot liberate himself any more, if he does not find the ways which he has never come to know—what does it matter to those moralistic, faultless, disciplinarian asexual educators?

THE DISCUSSION OF 1912 ON MASTURBATION AND OUR PRESENT-DAY VIEWS¹

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In 1912, a Discussion on Masturbation was held in the "Wiener Psychoanalytische Vereinigung." It was subsequently published in book form (1), but has never been translated. At that time, it was already well understood that to talk about masturbation was almost identical with talking about sexuality in general. Thus Victor Tausk, in his discussion, offered the following formulation: "The conflicts around masturbation . . . are *in nuce* the conflicts around sexuality as such."

The problems of masturbation are as interesting today as they were in 1912. In Volume V of *The Psychoanalytic Study of the Child*, Jeanne Lampl recently published a paper on masturbation, also taking the 1912 Discussion as its point of departure and comprising what might be described as an outline of the development of infantile sexuality (11).

The diversity of the problems which can be discussed from this starting point is enormous. I shall have to limit myself to a very brief report on a few highlights of the 1912 Discussion, pointing out the differences between the ideas expressed then and those prevailing now, thirty-nine years later, and stressing a few additional problems which seem especially important to me.

As pointed out by Federn in his review of the 1912 Discussion (2), at that time ego psychology had not yet been introduced into analysis, the oedipus complex had just been accepted as a universal human fate, and the role of castration anxiety as the core of neurotic anxiety was not yet fully understood. Indeed, only two of the authors who participated in the Discussion—Ferenczi and Sachs—connected the anxiety which arises around masturbation with castration anxiety, and this relationship was perceived there for the first time in analytic literature.

As the opinions that were voiced then do not quite conform to our present-day conceptions, it seems worth while to point out the

1. Read at the Interval Meeting of The New York Psychoanalytic Society, on January 16, 1950

differences. On the other hand, the great wealth of ideas first presented on that occasion now forms part of our everyday analytic understanding. Many basic clinical conceptions of later periods can be found there in, so to speak, an embryonic edition.

Most striking, for our present-day thinking, is the stress laid by many of the discussants—with Freud as their leader—upon the harmfulness of masturbation. It was Freud's original conception, which he had already developed in the eighteen-nineties, that masturbation as an incomplete sexual discharge caused physiological damage to the sexual apparatus and led to neurasthenia, which comprised the symptoms of headache, constipation and fatigue, based upon the so-called spinal irritation. On the other hand, damming up of libido in frustrated excitement, too long-lasting abstinence, coitus interruptus or reservatus, would cause anxiety neurosis. Both syndromes were classified as actual neurosis, a term hardly used today. They were understood to be the physiological results of a disturbed sexual economy. The exact nature of the physiological factor was—and has remained—unclear.

I feel that at this point I should say a few words about our present position on actual neurosis, although to a certain extent this goes beyond the topic of masturbation.

Freud's conception of the scope of actual neurosis, as it was first formed in the eighteen-nineties and still persisted in 1912, was certainly much broader than ours today. In his early paper, "The Justification for Detaching from Neurasthenia a Particular Syndrome: the Anxiety Neurosis" (5), we find a great number of clinical phenomena listed as symptoms of actual neurosis, which today we do not hesitate to classify among the psychoneurotic symptoms; like agoraphobia, pavor nocturnus, anticipation of death and calamity in regard to members of the family, etc. Furthermore, we know of many cases which at first glance seem to fit completely into the syndrome of neurasthenia, featuring a disturbed sexual regime and symptoms of anxiety, insomnia, cardiac pressure, constipation, etc.; but which under careful analysis prove to have a much more complicated structure. We frequently succeed in analyzing these symptoms and in reducing them to an underlying conflict. Often we can relate them to the castration anxiety which is mobilized by the ego in its state of danger.

Federn reported that when the topic of actual neurosis was re-discussed in 1928 in a private circle in Vienna, Freud remarked that actual neuroses and psychoneuroses were of different origin, and that those who would explain the actual-neurotic symptoms on a solely psychogenic basis, as well as those who would exclusively stress the

factor of physiological sexual frustration in regard to cause and curability of the neurosis, were simplifying complicated facts (2).

Although Freud's new theory of anxiety which was published more than a decade after that discussion, shifted the accent to the role of the ego in the genesis of anxiety, he did not abandon the conception of the twofold origin of neurosis. In *The Problem of Anxiety* (9), Freud was no longer interested in the nature of physiological factors. He stressed that the state of dammed-up libido may become a traumatic one; in it, the ego is helpless either to control the demand—for instance, by psychic modification—or to provide discharge. The ego reacts to the traumatic situation with anxiety. This anxiety, however, is not voluntarily produced by the ego as a signal, but is a sign that the ego is, for the time being, out of commission and overwhelmed by involuntary physiological discharges. These discharges can be regarded as either the physiological side of the affect of anxiety or as actual-neurotic symptoms.

Neurotic symptoms thus can be provoked in two ways. In a danger situation the ego may give an anxiety signal, which stirs up defenses and leads to the formation of psychoneurotic symptoms. Or a traumatic situation may arise which brings about automatic discharges; i.e., actual-neurotic phenomena. The inability to provide discharge is frequently, as we all know, caused by psychic conflicts. It also often results from an ego regression which deprives the ego of adult methods of handling the demands of the id.

Thus we recognize that we are faced with complicated interactions between ego and libido, between psychic conflict and primitive traumatic reaction. Without giving up the original idea of the twofold origin of neurosis, we have therefore come to a more integrated and, at the same time, a more complex conception. It should be mentioned here that Fenichel, more than any other author, demonstrated again and again how Freud's original conception has to be integrated into the later, structural theory of the personality.

The interaction between actual neurosis and psychoneurosis was always realized by Freud. He held that any psychoneurosis was based upon an underlying, actual-neurotic symptom. In 1912 he formulated the problem as follows: "The psychogenetic symptom has an actual-neurotic core, like the grain of sand which is the stimulating agent for the formation of a pearl."

This, of course, can be most easily understood in cases with conversion-hysterical symptoms. Hartmann gave the following formulation in a discussion in The New York Psychoanalytic Society in November, 1950 (I quote from memory): "The ego, in a psychogenic conflict, makes

use of slight symptoms of dammed-up libido, to find tangible expression for infantile anxiety contents."

Under the influence of Freud's conception of neurasthenia as resulting from masturbation, the Discussion of 1912 was to a large extent overshadowed by the idea of the harmfulness of masturbation, although Freud himself, and others, felt that this was not a scientifically justifiable starting point. In his concluding remarks to the Discussion, Freud grouped the ways in which masturbation might be injurious under three headings, viz.:

- "a) That of *organic damage*, through a mechanism as yet unknown, wherein the factors of excessive indulgence and inadequate gratification . . . may play a role.
- b) The establishment of *psychic patterns*, inasmuch as a great need may be gratified without having to strive for an alteration of the external world. However, where the pattern is responded to by a strong reaction formation, this may lay the foundation for the most valuable characterological gains.
- c) By providing an occasion for the *fixation of infantile sexual aims* and arrestment in psychic infantilism, thereby creating the disposition to neurosis. . . ."

As far as point a) is concerned, Freud pointed out that the question as to when masturbation is injurious, is identical with the problem as to when sexual activity as such becomes pathogenic. He felt that it was of help here to distinguish between the direct noxious influences (actual-neurotic), and the indirect ones which result from the resistance of the ego against this sexual activity.

It is obvious that from our present-day point of view we do not see masturbation-neurasthenia as a direct and simple sequence. Freud himself, as far as I know, after 1912 mentioned masturbation as a direct cause of actual neurosis only once, in the *Introductory Lectures to Psychoanalysis* (8), at that time no longer giving weight to the distinction between neurasthenia and anxiety neurosis. Otherwise he spoke more generally of a disturbed sexual regime, which causes actual-neurotic symptoms.

In the 1912 Discussion much attention was devoted to the description of and distinction between masturbation in infants, children, adolescents, and adults. The concern about the harmfulness of masturbation related mainly to pubertal and adult masturbation. Tausk formulated most clearly that it depends upon the stage of the libidinal level whether masturbation can be considered an adequate method of gratification or not. Masturbation is an autoerotic method of sexual

gratification. When a certain maturation of object-libidinal strivings is reached, masturbation cannot supply adequate gratification. Thus it would appear a satisfactory method in infancy and childhood, less so in puberty, and no longer so in adulthood. The continuation of masturbation beyond the phases to which it is adequate is caused, as Tausk pointed out, by society, which on the one hand wishes the adolescent to become a man, while expecting him at the same time to remain a child sexually. This point of view still prevails today. We believe, as was variously stated in the Discussion, that infantile and childhood masturbation is "normal"; that is to say, ubiquitous. In boys, the non-existence of masturbation during adolescence is usually a sign of serious illness, as was also observed in 1912. Reappearance of masturbation in the course of analysis is frequently an indication of the lifting of repressions and a forerunner of therapeutic improvement. On the other hand, masturbation in adults, apart from periods of transition or special sexual deprivation, must be considered a symptom. Fenichel stated this very clearly in *The Psychoanalytic Theory of Neurosis*: "Masturbation does not cause neurosis, but may very well be a symptom of neurosis. Whenever an adult prefers masturbation to intercourse, this can be considered neurotic" (3).

Not all of the discussants in 1912 would have agreed with this point of view. One of them, the most radical, Stekel, claimed that masturbation is a necessary and universal form of sexual gratification and that every human being masturbates or has masturbated. This is indeed true; but no particular distinction was made whether the past or the present tense should be used, which seems an unacceptable simplification. Stekel believed that disturbances in connection with masturbation were due to guilt feelings caused by the attitude of the environment. This, again, is a simplification. He contended that masturbation was the only possible outlet for individuals fixated to perverse fantasies, that with the help of masturbation a discharge could be found, and that in this way perversions could be avoided. He gave an example, of a patient who masturbated with the fantasy that he was cutting off his father's head and that the ejaculate represented the stream of blood spurting out of his father's body. How, Stekel argued, could such a fantasy have been gratified in reality? With the aid of masturbation, this man was able to keep his balance. Stekel did not understand that such a fantasy is a serious neurotic symptom, and that in such a case it does not make any difference whether masturbation takes place or not: severe guilt feelings will ensue in any event. Stekel's later development toward "wild analysis" had already begun there.

In general, the importance of the accompanying infantile and in-

cestuous fantasies and of the ensuing guilt feelings was well understood by all of the authors. They saw clearly how an endless struggle against masturbation then follows, which may lead to various neurotic symptoms. Most of them also agreed that conflict and guilt feeling interfere with the gratificatory effect of masturbation, and that it was only unsatisfactory masturbation which became injurious. This insight, of course, still holds today. We believe that one can observe a vicious cycle here. Guilt feelings cause masturbation to be unsatisfactory. The inadequate gratifications may lead to continued tension, disturbance of sleep, etc., which in turn serves as a so-called rational reason for increased guilt feeling, in form of the conviction that masturbation is harmful. Attempts are made to desist from masturbating; these are futile, as unsatisfied desire continues to exist. The failure to conquer the impulse leads, again, to renewed guilt feelings. The final result of these conflicts usually is the development of neurotic symptoms.

In 1912, there was a general opinion that the origin and intensity of the guilt feelings could not be ascribed to the attitude of the environment alone and were not fully explainable. Only one of the authors connected the guilt feeling with the internalized figure of the father, thus anticipating Freud's concept of the superego. This was Victor Tausk, whose contribution appears in many respects the most brilliant. We still agree with his formulation, and would say that the guilt feelings are caused by the underlying oedipal fantasies. They are the expression of the conflict between the superego and infantile sexuality.

Until now we have talked about those difficulties which arise through the reaction of the ego to masturbation. A number of the discussants in 1912 were concerned with the direct, physiological effect of masturbation. A few concentrated particularly on the physiological harmfulness which they believed to be caused by the accumulation of "sex toxins." Others however, especially Ferenczi and Federn, introduced a new point of view which was to prove fruitful in later years, as it focused attention on details of sexual behavior and special forms of sexual disturbance and thus sharpened our clinical understanding. These two authors pointed to the consequences of disturbed sexual rhythm and of disturbed sexual excitement. Ferenczi believed that the forepleasure of looking, fondling, kissing, and so on, brings about a sexual charge of the whole body. As this forepleasure is missing in the case of masturbation, the backflow of sexual excitement, which should take place after the act, becomes impossible. Thus there results a damming-up of libido, which is experienced by the patient as a short-lasting neurasthenia ("*Eintagsneurasthenie*"). The phenomenon described by Ferenczi is well known to us. We are inclined to see it rather as a guilt

reaction than as a purely physiological consequence. Federn pointed out the pathogenic importance of lack of gratification in masturbation, emphasizing that a particular inability to tolerate the tension of frustration is a sign of a neurotic disposition; a point of view which we certainly share today. He further spoke of the disturbed rhythm and the disturbed orgasmic discharge curve. It is the insufficient discharge which interrupts the otherwise automatic self-regulation of sexuality and of the sequence of sexual urge, sexual act, orgasm, and placid interval. This disturbance is responsible for "excessive" masturbation: since gratification can never be achieved, masturbation has to be repeated over and over again. It is this "excessive" masturbation which is pathogenic. This opinion, which was shared by most of the discussants, was taken up again by Nunberg in his *Allgemeine Neurosenlehre* in 1932. Nunberg believes that the lack of gratification, which leads to excessive masturbation, is caused by the damming up of libido as a result of the fact that in masturbation no real objects are cathected but only fantasy objects (12).

Generally speaking, we all agree that insufficient gratification, whatever its cause, frequently is the motivating factor in excessive masturbation. But something else should be pointed out here. Excessive masturbation often resembles a compulsive symptom. While seemingly it is merely the expression of desire for sexual discharge, it has, at the same time, an important defensive function; most frequently, the warding-off of anxiety. It is often structured like a diphasic symptom. To give an example: A little girl masturbates with the fantasy of producing a penis which is supposed to enable her to outshine her mother and attract her father's admiration. The act is followed by guilt feelings and by the fear of having damaged her genitals forever. Only a new act will dispel her fears, by again producing the illusion that she is in possession of a penis, that the terrible consequences of the previous act have not taken place, and that she is in a position to gratify her incestuous fantasies. Like in a chain reaction, one act of masturbation necessitates the next. In these cases, pregenital contents, often with strong sadistic colorization, are also frequently discharged by genital means. This obviously must remain unsatisfactory. Self-destructive tendencies are also important in this connection. Originally the fear existed that masturbation would lead to the destruction of the genitals, and a desperate struggle against it set in. The struggle being unsuccessful, a need for punishment arose; and now the sinful activity as such, the dangerous masturbatory act, has to be undertaken again and again, no longer for purposes of pleasure but as an instrument of punishment by a relentless—and corrupt—superego.

Thus, apart from lack of gratification and from possible physical consequences, excessive masturbation is in itself a rather serious symptom. But even without being excessive, masturbation may leave decisive pathological traces in the personality. This brings us to the other two points of Freud's summary, which I should like to discuss together.

It was pointed out repeatedly in the Discussion how object choice and object finding become more difficult through masturbation. Masturbation requires no effort; no attempt to find a mate need be made, no aggression mobilized to overcome difficulties. Normal aggressiveness and normal adjustment to reality are retarded. Idealized fantasy images are preserved, to which no object in reality can live up, and which are but the lightly disguised incestuous objects. The step from fantasy objects to reality objects is not made, and reality in general need not be fully accepted. Infantile fixations need not be relinquished. In this way, too, masturbation resembles a vicious circle: inhibitions prevent turning to real objects. On the other hand, masturbation is a hotbed for infantilism; a gliding into more and more infantile fantasies is made easier by it. Sadger stressed that masturbation is based upon a reversal of original longings for passive gratification, received from the mother's care during childhood, which, in identification with the mother, the masturbating adolescent later administers to himself. From here, the step to homosexuality is easy. Tausk showed that the same outcome can result from a prolonged concentration of autoerotic interest on the own genitals. He described how, in the course of masturbation, the genitals may become personalized. It is then as though the masturbating person had fallen in love with his own genitals. This pathological increase of primitive narcissism is, of course, highly injurious to any object choice. It may, as already mentioned, lead to exclusive interest in the genitals of a person of the same sex; or it may lead to exclusive interest in the female genitals as such, with complete incapacity to develop more integrated, affectionate relationships to women as persons. Tausk here anticipated his own later brilliant paper on the "Influencing Machine," in which he was to draw attention to the role of the narcissistically cathected, own genitals in schizophrenia (14).

The pivotal importance of infantile masturbation and of the struggle against it, for the whole later development, was given due weight in the Discussion; particularly by Federn and Tausk. The latter pointed out that after the repression of genital contents, there occurs a regression of the fantasies to pregenitality. The sexual theories of little children, which often show a strongly pregenital colorization, are such modified masturbation fantasies. Federn, however, emphasized that sometimes the persistence of genital masturbation preserves the child

from regression to pregenital and sadistic strivings, and prevents the development of serious pathology. Here Federn implied the importance of preserving the genital level of development. Tausk described how, after the repression of genital masturbation, extragenital and sado-masochistic practices are substituted for the pleasure thus renounced. Sometimes, this may represent the starting point for later perversions; or masturbation substitutes like nail biting, tearing of hangnails, rhythmical knocking, enuresis, etc., may continue to persist. Masturbation substitutes were also mentioned at other points in the Discussion. It was Tausk who shed light on their genesis. These substitutes are frequently the only traces of masturbation that can be found in the latency period. Often they show the same compulsive character as masturbation. In many cases the substitute masturbation is displaced away from the body and acted out with inanimate objects; e.g., biting of pencils, rolling of bread pellets between the fingers, etc. Such substitute activities lead, with but little transition, into compulsive symptoms.

Today we know that in later years, most often in puberty, there may be a return from the pregenital activity of fantasy back to genital masturbation. But these apparently genital activities are frequently found to be still accompanied by unconscious, pregenital fantasies. Peculiarities of the method of masturbation often reveal the pregenital core of the activity. The ego reaction of guilt is often intensified in these cases, as it consists of a fusion of the fear of punishment for genital activity (castration anxiety) with earlier, archaic anxieties. To give an example: in a woman patient, masturbation was accompanied by "cleansing" of the genitals; i.e., by removal of genital discharge or residue of menstrual blood, which was looked at and smelled as a substitute for putting it in the mouth. The underlying anal and oral fantasy is obvious.

In this context it should be mentioned that, besides the pregenital strivings, otherwise relinquished homosexual tendencies also reappear in puberty and become equally recognizable through analysis of the method of masturbation. For instance, men with unconscious homosexual fantasies when masturbating sometimes hide the penis between the thighs. Clitoris masturbation in girls is frequently based upon a fantasy of having a penis. A young woman, for example, who was capable of good sexual relations with men which led to full vaginal orgasm, at the same time practiced clitoral masturbation with the fantasy: here I have something which the man cannot take away like his penis.

The regression to pregenitality is regarded today as one of the most important occurrences in childhood development. Usually the re-

pression of genital contents is accompanied by a severe struggle against childhood masturbation and is a manifestation of the breakdown of the oedipal complex. The later configuration of neurosis and character structure is largely determined by the particular developments which take place at that stage. In any event, this emphasis upon pregenital regression, in the papers of 1912, strikes us as one of the many instances where important elements of our present knowledge were for the first time conceived on that occasion.

The problem of character had, by 1912, only been approached by Freud in his paper about the anal character (6); it was certainly not yet the center of interest. In the Discussion in that year, various attempts were made to relate character structure to the struggle against masturbation in puberty. Sadger and Rank spoke of the character of the "onanist," as though this were a particular, neurotic syndrome. They pointed out very specific reactions which develop in the course of the fight against masturbation, showing how habitual mendacity is often a consequence of the need to lie about masturbation and how, on the other hand, the reaction formation against such lying leads to confession compulsion and compulsive honesty. Rank went further, by speaking, in this connection, of certain character traits which we usually attribute to the compulsive character; like collecting compulsion, washing compulsion, penuriousness based on the need to save the ejaculate, etc. This same tie-up between masturbation conflicts and compulsive traits was also made by Hitschmann. Moreover, Rank mentioned the displacement of the struggle against masturbation to the oral zone in the form of compulsive starving or muteness. For the first time, as far as I know, masturbation thus was recognized as a starting point of certain oral disturbances as well as of compulsion neurosis. Even though the deeper connections—i.e., pregenital regression as a defense against genital temptation—were not clarified, again this represented a very important first step.

Although our present-day understanding of character problems, which is based upon our greater knowledge of the ego, the defense mechanisms, and the superego, by far surpasses that displayed in the Discussion of 1912, those first outlines proved to be fundamental. There, for the first time, character structure was understood as being conditioned by the reaction formation of the ego in the fight against masturbation. Today we are inclined to see the results of masturbation conflicts not only in the specific forms described in 1912, but we have learned to recognize a great variety of clinical pictures as traceable to this cause.

The struggle against masturbation does not always end in a victory

against it for which the ego pays, so to speak, with self-distortion. Not infrequently, the impulse to masturbate finds an outlet in roundabout ways. That this is the case in symptom formation, is obvious. I should like here to mention two types of "life figuration" which result from a "breakthrough" of masturbation, under special conditions, in the form of acting out in life.

The first type of the acting out, in life, of masturbation conflicts can be perceived in the so-called "masked" masturbation (*larvierte Onanie*). "Masked" masturbation consists of activities which are accompanied by sexual excitement, but where the sexual character of the feelings as well as of the activity is not recognized. There is a similarity to the afore-mentioned masturbation substitutes which represent a displacement of sexual activities to other parts of the body, without any noticeable sexual excitement. In masked masturbation, on the other hand, sexual excitement persists, but is not recognized as such. We speak of masked masturbation, for instance, in referring to the masturbation of girls which is done by thigh pressure without use of the hands, and without any awareness of the sexual character of the sensations and of what is going on. This lack of awareness does not prevent the development of guilt feelings, which then are usually connected with a secondary reason.

There are other cases in which the sexual excitement becomes connected with completely unsexual activities. There is no awareness of the sexual character of the excitement and therefore, of course, of the masturbatory meaning of the activity. Displacement of masturbation to nonsexual activities already implies that masturbation has spread over into life. An example of such a displacement of masturbatory excitement may, for instance, be seen in gambling. Often physical activities which involve a certain risk of danger, such as flying or reckless driving, lend themselves well to such a purpose. Children's violent games, like jumping down from high places, wild running, etc., may have a similar basis. Many of these activities involve the possibility of ending in catastrophe. The child may wind up by hurting himself; the reckless driver, by smashing his car; the gambler, by losing everything. In analysis one can recognize the sexual excitement, which was unnoticed before, and can understand the catastrophe as a mixture of punishment and disguised orgasm.

There are cases in which the whole life configuration seems to be determined by an endless sequence of masturbatory excitement and masturbatory guilt. As an illustration, I should like to give a brief clinical example. A woman patient had spent her life in an unending sequence of contradictory moods. For a time, she would be exhilarated,

active, vivacious, outgoing, and intensely engaged in some kind of interesting activity. This would be followed by a mood of depression with feelings of unworthiness and of being destroyed; in these moods she was passive, silent, could not do anything, and felt "stuck." Some time later, the sequence would repeat itself. In the analysis it was possible to connect these mood swings in the patient's adult life with similar ones during the latency period. At that time open masturbation, having resulted in too intense anxiety, had been given up, and other activities had been sexualized instead. There was, for instance, a game of jumping into a sandbox and urinating into it. This was done in a state of high excitement, but was followed by guilt and disgust. Here the sexual character of the game is still evident. Other games, however, were outwardly nonsexual; like sailing little boats in a basin of water, riding on a large toy elephant, or sneaking into the attic to look through the rummage there. All these games were undertaken by the child in the same state of excitement, with a feeling that she was doing something wonderful: the little boat was an ocean liner, the elephant a real one, the attic filled with untold mysteries—but they all ended in terrible letdown: the boat and the elephant were just toys, the attic merely full of dirt and rubbish. This letdown expressed both the fact that the masked masturbation failed to lead to any really gratifying discharge, and the fact that the guilt feeling related to the repressed original fantasy became noticeable. Without realizing it, the patient was constantly alternating between masturbatory sexual stimulation and punishment for it.

It seems that repetitive mood swings which overshadow a person's entire life are frequently of such origin. Simmel has pointed out that drug addiction sometimes has the same structure (13). Repetitive temper tantrums in children also belong in this category. But frequently the specific content of the mood swing or temper tantrum relates to the content of the masturbation fantasy.

This brings us to the second type of acting out of masturbation conflicts in life, the analysis of which seems to me the most important contribution made in the last decade to problems involving masturbation. The contribution I refer to concerns one specific, possible outcome of the masturbation struggle. This particular mechanism was repeatedly described by Anna Freud in discussions and seminars; but the single mention of it which appeared in print is found in a rather inconspicuous place, i.e., in a paper on "Certain Types and Stages of Social Maladjustment" published in 1948 in *Searchlights on Delinquency* (4). There a mechanism significant in the general pathology of neurosis is discussed

only from the point of view of a special pathology and in its application to delinquency.

Anna Freud first speaks of the child's double struggle against masturbation. On the one hand, this struggle is directed against the physical activity which, when avoided by the child, frequently leads to masturbation substitutes; on the other hand, it is aimed at the content of the fantasy, which may become completely unconscious. Sometimes, when the bodily outlet is entirely blocked, the fantasy is displaced into the realm of ego activities and acted out in dealings with the outside world. These ego activities thereby become distorted, sexualized, and maladjusted. That masturbation fantasies re-emerge in the form of symptoms is, of course, an old part of our analytic knowledge. What is new is the insight that behavior patterns are derivatives of masturbation fantasies. It is frequently very difficult to discern this acting out of unconscious masturbation fantasies which are completely isolated from sexual activity in life. Again, a very brief clinical example may serve to illustrate this. A woman patient with definite masochistic character traits had always desired a child. Twice during her marriage she permitted her husband, who was an obstetrician, to perform abortions upon her which he motivated by the claim that he was too old to raise children. Though suffering bitterly, the patient felt that she had no right to burden him with unwanted responsibilities. In her analysis she remembered a masturbation fantasy of her childhood: she imagined that a child was growing in her belly. This child had developed without the aid of another object; it just grew in her, like a tumor. It obviously represented a phallus. A surgeon—i.e., a father figure—was cutting the baby out of her body. This operation represented a masochistic union with the father, for whom in this way she sacrificed her masculinity, and at the same time a delivery. The abortions in adulthood constituted a living-out of this fantasy. This acting out was not understood by the patient as being motivated by anything but reality-syntonic reasons; it did not have the value of a symptom for her.

Similarly, all kinds of peculiarities which are well integrated into the personality can frequently be understood as the representations of a masturbation fantasy that is completely isolated from conscious sexuality.

After this digression into aspects of the masturbation problem which were not touched upon in the Discussion, I should like to return once more to the papers of 1912. I hope I have succeeded in conveying an idea of the richness and, one might say, the pioneer spirit of the ideas developed at that time. Nevertheless, on reading the Discussion, one frequently gains an impression that it was time-conditioned; in the

sense of the German word *zeitgebunden*. That is to say, these papers are in a certain degree influenced by the moral values of the time. The repeated advice found there, for instance, that children should be helped to avoid excessive masturbation, by means of a bland diet, hard beds and plenty of exercise; or the recommendation that only a minimum of affection should be given in the handling of small children, in order to avoid overstimulation which might lead to masturbation; such views reveal the influence of the general, social condemnation of masturbation which prevailed at that time. The last-mentioned recommendation may be found side by side with awareness of the importance of experiencing stimuli in early childhood, as necessary for normal sexual development. It is also impossible to avoid interpretation of the deeper reasons for this condemnation. As Nunberg put it in his *Neurosenlehre*: "The overevaluation of the danger in masturbation seems to have the same origin as the denial of infantile sexuality; that is, sexual repression" (12). Even though the discussants were the first to understand the importance of infantile sexuality, yet they were not completely free from emotions about it. A great and general change in the social attitude toward problems of this kind has taken place since 1912. For us, who are but the heirs of the heroic champions of psychoanalysis of that hard time, it is easy to smile at some of their ideas now, almost forty years later. Psychoanalysis undoubtedly contributed to the change in sexual mores; at the same time, it did not remain entirely uninfluenced by the prevailing sexual morality.

This is demonstrated, for instance, by the completely different tone to be found in the issue of the *Zeitschrift für psychoanalytische Pädagogik* which I mentioned before (2). By 1928 the pendulum had swung to the other side. The main problem then was, only, how to free the adolescent from his masturbation guilt feelings. The very important insights concerning the implications of masturbation in respect to character and sexual development, which had been gained through the first Discussion, were forgotten by then. At that time, masturbation appeared as a panacea. Of course the 1928 Discussion was published in a popular periodical; but even allowing for this, and notwithstanding the overrigid concepts I have mentioned, the one of 1912 surpassed it by far in depth and scope.

I should like to add that much of this too superficial attitude toward masturbation is currently prevalent in this country. A few weeks ago, Grete Bibring reported on the White House Conference on Mental Hygiene. To the amazement of all the other participants, she—as a psychoanalyst—was the only one who did not fight with flying banners for masturbation, but pointed out its disadvantages for the mental

hygiene of the adolescent. This is merely one example to show that here, too, the pendulum has swung out in the other direction and is caught there at the present time.

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SOME COMMENTS AND OBSERVATIONS ON EARLY AUTOEROTIC ACTIVITIES¹

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I

The reader of the 1912 symposium on masturbation—on which Dr. Reich's comments have thrown new light—may well feel humble in front of the wealth of clinical observations and the breadth of vision of pioneers joining in enviable teamwork under Freud's guidance. The co-operative effort no less than the frankness of controversy constitute a model for inquiries into an area, where clinical data of some general significance are not likely to be assembled by isolated observers. The need for such procedures has, if anything, increased with our growing insight into the complexity of psychoanalytic research, which seems greatest where early phases of childhood are concerned, in the specific framework of this contribution, the study of early autoerotic activities. It is at the same time the area, where our understanding, however fragmentary, has advanced most during the last decades, particularly through the comparison of data gained in various fields of work. These co-operative efforts had been postulated by Freud (15) and there is little that need be added to his reasoning. "The early observation of children has the disadvantage of working upon data which are easily misunderstandable; psychoanalysis is made difficult by the fact that it can only reach its data as well as its conclusions after long detours. But co-operation of the two methods can attain a satisfactory degree of certainty in their findings." This certainty has not been reached and even the discussion of methods and concrete procedures to be used in research is comparatively new.³ But the goal indicated by Freud, an integrated approach to the study of infancy and childhood, is likely to stimulate research over a long time to come. In what follows I propose to discuss and to illustrate some problems arising in connection with

1. Presented at the discussion on Masturbation in the New York Psychoanalytic Society on February 13, 1951.

2. From the Child Study Center, Yale University School of Medicine.

3. For more detailed discussions of these problems, see Hartmann (21, 22), Kris (30), Spitz (48) and Anna Freud's papers in this volume.

the comparatively recent advances in our understanding in the hope to direct attention to concrete questions which might be clarified by further and if possible systematically oriented inquiries.

The psychoanalytic approach to an understanding of early autoerotic activities is bound to relate these activities to various overlapping aspects of the problem of growth, particularly to the sequence of maturational processes, the development of the ego as a psychic organization, and to development and vicissitudes in the infant's and child's relation to his love objects. In studying any concrete phenomenon we are faced with a merging or interacting of these and other factors. The division in aspects tends to present them in isolation. In the present context we cannot attempt sharply to distinguish between maturational and developmental factors, i.e., to discuss the problem of learning.⁴ All we can attempt is to exemplify the assumed relation between both in a schematic fashion: Some movements of the mouth, some activities which resemble parts of the (later) sucking activity—a reflex-controlled physiological mechanism (Peiper, 41) no less complex than the psychological meaning which it is gradually to gain in the infant's life—are present in the fetus and in the neonate before its contact with breast, bottle and mother. There are considerable individual variations in the extent and intensity of these activities.⁵ The value of these variations as indicators of "potentialities" has, as far as we know, never been studied in sufficient detail. It would obviously be extremely difficult to assess their impact even on the earliest feeding experiences of infants. They might, however, constitute one of the large number of factors, which determine the initial postnatal interplay of mother and child, of the "nursing couple" in the felicitous expression of Middlemore (40). In our context the very presence of these earliest pre- and postnatal "oral" activities—be they limited to the repeated (and sometimes rhythmical) lip-tongue contact or express themselves in finger sucking—is merely taken to indicate that the sensory experience produced satisfies a need not stimulated from outside. However, after the feeding experience has set in the meaning and impact of similar oral activities can only fully be evaluated if we realize that the sensory experience produced by the child himself, i.e., initially by reflectory reactions, is likely gradually to be colored at least

4. Cf. recently Carmichael (6) and similar attempts in animal psychology (Beach, 1 and 2). Maturation is here used to designate processes of growth relatively less dependent on learning; development designates processes whose dependence on environmental conditions is greater. For this usage see Hartmann and Kris (23).

5. Here as in other instances the complexity of factors even during the earliest postnatal periods is great indeed, and f.i. the possibility of pre- or postmaturity at birth has to be taken into account. Also, only systematic and detailed descriptions of behavior promise to supply a reliable basis for any subsequent evaluation.

to some extent by its experience with the mother.⁶ The slowly increasing number of detailed observations on early feeding behavior—rare and insufficiently or irrelevantly focused as they still tend to be—supply some indications on the gradual merging of the two components. The type of memory trace which we assume to be formed, the type of learning experience which the infant undergoes is naturally dependent upon the general process of maturation; its specific manifestations in feeding behavior and the postulated concomitant psychological processes are known only in outline, at least up to a time in the infant's life when many developmental data suggested by various criteria indicate the existence of a "gradient." However hesitant we may have become in our endeavor at setting such gradients, it seems that at the age of twelve weeks or three months previously imperceptible or less well perceptible functions become on the average integrated and can be established by observation.⁷ The most spectacular of these developments concerns a definite change in the relation to need satisfaction, a step in ego development. The infant learns to anticipate the imminent feeding situation and under optimal conditions to wait for it.⁸ In the apt word of Therese Benedek (3), the infant has gained confidence in his mother. We may assume that at this point, if not earlier, the sensory experience elicited by oral activities which the infant undertakes before—and under certain conditions after—feeding time will have been merged to some extent with some sort of recall of the need-satisfying situations. What we here postulate as recall and try to imagine in terms of mental processes on a more adult level is undoubtedly a compound of various experiences; we may assume that the "situation" recalled is constituted by an amalgamation of sensory imprints which contain next to specific

6. See Hendrick's remarks who states that "identification begins when the desire for repetition of pleasure has come to be an emotional demand mentally experienced by the infant for these mother-emanating stimuli" (25). If the feeding experience is unsatisfactory, this "coloring" may never gain the intensity which it presumably gains if satisfaction is maximal. We do not in what follows take such differences into account. This is not meant to imply that they are unimportant or that no methods could be devised for a more detailed study of these and similar factors.

7. See, *f.i.*, Hoffer (26) and his apt summary of Gesell's findings. In speaking of gradient we refer to "expected" developmental processes. Not only are they subject to changes by alterations in child care procedures, such as those suggested by current trends in parent education, but any systematic observation is likely to heighten the sensitivity of observers; this may in turn lead not only to greater refinement in distinctions but direct attention to formerly neglected details of behavior as indicators of developmental processes.

8. No detailed observations on circumstances attending this step in development nor on the spread of individual differences and their value for predicting subsequent steps are available, though such observations seem particularly promising and may constitute one of the instances where psychoanalysis can indicate areas for future investigations; see for this function of psychoanalysis Hartmann (21, 22).

experiences many of a general nature. Some of them may be comprehended as the experience of being handled. The autoerotic activity of finger or thumb sucking then may be supposed to gain a new dimension; it can be viewed as the active repetition of the passively experienced. In producing the sensory experience by the insertion of finger or thumb into the mouth, the child takes over from the mother.⁹ This step is clearly dependent upon (or better: synchronized with) various maturational processes, particularly with the growing capacity for purposeful motor activity. The ability to lead the hand to the mouth is an indispensable condition for and element in the sequence of processes, which are relevant in the present context. In a significant discussion of detailed observations of these steps in maturation and development Hoffer has recently pointed to the vicissitudes encountered by the child in establishing a reliable hand-mouth contact and to the postulated importance of these events. The gradual emancipation of the hand from the mouth, its independence, may be supposed to initiate progressing redistribution of psychic energies. We are wont to assume that originally mainly the mouth region serves the purpose of tension discharge, possibly neglecting that other areas of the body, particularly the viscera participate in this function. Our assumption implies in metapsychological terms that we imagine the mouth at this time to be invested with particularly large quantities of energy both libidinal and aggressive. The emancipation of the hand from the mouth may then contribute to a redistribution of energy which presumably invests the whole body and facilitates not only further steps in the differentiation between self and environment (Hoffer, 26) but also steps in the development of the ego as an organization¹⁰ which is at this point largely, though not solely inhibitory. In saying that this hand-mouth contact facilitates the redistribution of energy rather than saying—as Hoffer does—that it

9. It should be noted that this does not contradict the assumption that through his autoerotic activity the child also supplements a not sufficiently "saturated" need, *i.e.*, in feeding no sufficient opportunity for sucking was offered (Levy, 34). The experimental reproduction of this situation by Levy (35) has recently been confirmed by Ross (45). The data presented by Davis, Sears, Miller and Brodbeck (7) on the behavior of infants who were cup-fed and did not later in the development manifest increased sucking of fingers or thumb do not invalidate these findings. Should they prove to be reliable I am inclined to assume that they may well indicate that a certain degree of stimulation deficit does not necessarily lead to supplementary stimulation but to other substitutive steps. Analysts are familiar with similar substitutions later in life. There seems no reason to doubt that similar processes may occur very early. Nor is sucking satisfaction isolated in the child's life; it is neither the only need for stimulation, nor the only need whose "deficit" can be substituted or supplemented by self-stimulation.

10. For older psychoanalytic hypotheses concerning this redistribution of energy and the grasping stage of motor development see the stimulating discussion by Bernfeld (4).

initiates it, we have in mind the multitude of other types of contact between the child and the environment; particularly the tactile contact with the mother, which seems to play an important part in establishing certain aspects of the body image and other ego functions. One is as it were naturally tempted to establish a connection between these assumptions, and the first discernible steps in ego development, to which Benedek's views referred, but also to the finding reported recently by Kunst (33). According to her observations the frequency and intensity of finger sucking maintains a plateau after the third month and is subject to change only after the sixth month, at an age level to which other observations have related important changes in the child's object relation.

In the present context it is not our purpose to discuss further interdependences of various areas of maturation and development. The formulation that finger or thumb sucking can be viewed as in part determined by the active repetition of a passive experience, deserves further comment. This formula was first applied by Freud to an explanation of a crucial aspect of the child's play, to the attempt to overcome the separation from the mother by a self-engineered peek-a-boo performance and later used to explain the turning from dependence to independence in a general sense; it is in this form that it constitutes a general principle of ego development in its relation to the mechanism of identification (16). This generalization occurred when Freud gained the conviction that the distribution of masculinity and femininity in the later development of child and man must be seen in relation to, and ontogenetically connected with, an earliest phase of identifications in which the active repetition of nursing experiences dominates future steps in development.¹¹ Freud's reformulation has been stimulated by

11. Freud himself has elaborated this thought only in part in 1931 in his paper on "Female Sexuality" and left it to the late Ruth Mack Brunswick (5) to treat the problem in a larger context in her paper on the preoedipal phase, published 1940, but based on discussions with Freud conducted in 1930. Through the courtesy of Miss Mathilde Brunswick I was enabled to see the draft which Ruth Mack Brunswick submitted to Freud. It contains all essential thoughts of her subsequently published paper and two marginal notes of Freud, one of which is of immediate bearing on our subject. It reads:

"Events during the preoedipal phase should not be described in terms of 'masculine and feminine' but in terms of 'active and passive.' It is the time of the sole phallic genital. The new era starts with the discovery of castration, with the influence of the castration complex. Then a new contrast is added; not yet the contrast of masculine and feminine, but the one of phallic and castrated. The opposing pairs (are to be) followed through the development of sexuality: A.) active—passive, B.) phallic—castrated, C.) masculine—feminine. It is to be shown how they follow each other, overlap and combine."

the growing familiarity with the impact of the preoedipal development in psychoanalytic work, hence predominantly by material gained by reconstruction. Though data from direct and systematic observation of children have never been viewed in the light of the specific mechanism which Freud pointed out, impressions based on the evaluation of random observations available at present seem to indicate the fruitfulness of the general principle.

II

Those who had an opportunity to study earliest developmental retardations report in many instances a paucity of autoerotic practices during the first year of life, and even a flattening out of finger sucking; a picture that seems limited to cases in which the absence of stimulation is extreme (Rabinovitch, 43). According to Spitz and Wolf (49) the reverse occurs in children raised under particularly favorable, and, as I would add, permissive care, i.e., in environments which do not overtly object to some kind of handling of the genitalia. Spitz and Wolf argue against the presumably widely accepted view that stimulation by maternal care in these children acted as seduction. They compare cases in which genital play occurs with those of actually genitally seduced children in whom they did not observe genital play and draw the conclusion that not any specific traumatization by seduction but satisfactory maternal care and attention are responsible for the freedom and moderate enjoyment children may derive from the handling of their genitalia during the later part of the first and during the early part of the second year of life. It is, they conclude, the mother's love, which has stimulated this development. Lampl de Groot (37) has recently shown that there is no contradiction between this assumption and traditional views in psychoanalysis and that it actually confirms Freud's earliest expectations, formulated in the "Three Contributions": "What we call affection will unfailingly show one day its effect on the genital zone as well" (15).

The transfer from general affection to the genital zone itself is a complex process; it need not only come about by the direct contact of the mother with the genital region of the child during her ministrations, an experience the child would repeat by self-stimulation. It may also arise as consequence of the general bodily closeness to which, we assume, the child tends to react with sensation in the genital region. No detailed data on these reactions are available since the investigations of Halverson (19) on penile tumescence in male infants cover only the neonate period and no similar observations for later phases of develop-

ment have been made available.¹² The genital self-stimulation could then replace the more general stimulation which had produced the pleasurable sensation in the genital region. The scarcity of observational data and their unavoidable lack of precision is well known to all investigators of similar problems. No observation for short periods of time can guarantee that the essential events have come to the observer's attention. The very fact that his presence "alters" the field, influences mother and child (in spite of protestation to the contrary), need hardly be mentioned. It seems more relevant to stress that the very presence of the mother may already at this early age determine the child's behavior. Therefore no one isolated technique of observation, least of all spot observations in family or nursery school and not even those infinitely richer ones from Residential Nurseries (see Anna Freud and D. Burlingham, 14), can tell the whole story or a particularly relevant part of it. The main reason for the limitation of the scope and value of observational methods, however, seems to rest in the fact that it is not the autoerotic practice itself but the fantasy content which proves to be of decisive importance, and our interest in the practices is to a large extent stimulated by their relation to fantasy life. The question as to the link between autoerotic practices and concomitant fantasies has repeatedly attracted Freud's attention. He was originally inclined to stress the existence of two phases, and to assume that fantasy and autoerotic activity have to be "welded together." Later he emphasized the existence of a third earlier phase. He stressed that in the act of sucking for its own sake the erotic component is itself independent from the nutritional act; the child gives up the mother's breast, the object in an external person and replaces it by a part of his own person. "The oral impulse *becomes*¹³ autoerotic. . . ." If we add that the exchange of activity for passivity enters into this relationship we gain a firmer ground for the assumption that even during the autoerotic activity the former relationship to the object need not, or better: cannot be fully in abeyance.

In order to illustrate what is meant by this assumption we turn to fantasies pertaining to early experiences in the genital zone; clearly the reconstructive method alone can lead us. Certain masturbation fantasies of boys during the phallic phase, uncovered or reconstructed in analysis, have in common the sexual aim to be touched and handled by the mother. In the later development of these masturbation fantasies this wish tends naturally to appear in condensation with other wishes and

12. Contradictions between Halverson's interpretation of his observations and psychoanalysis have recently been discussed and clarified by L. Stone (47).

13. Our *italics*.

various defenses against them.¹⁴ Loewenstein (38) who drew attention to fantasies of this kind in adults speaks of a passive part of the phallic phase in the male. It seems that alternatively we may assume that within each phase of maturation and development the distribution of "activity" and "passivity" may fluctuate, that after an attempt at "activity" the "passive" component may tend to gain renewed importance. The decisive factor, however, seems to be that within each phase the meaning of the passive trend changes, in the sense indicated by Freud and Brunswick (see p. 99). The question to what extent the passive strivings during the phallic phase are "regressive" or to what extent they have survived from the past without or with little alteration seems at the present stage of our knowledge difficult to answer and quite possibly not meaningfully posed. The wish to be handled by the mother may, f.i., express the thought "if I don't touch myself I need be less afraid, I am not guilty"; it may replace other phallic fantasies concerning the mother, and yet I would presume that whatever component drives are gratified by the fantasy, or whatever conflicts solved by it, its content is simultaneously colored by the re-enactment of the earliest preoedipal passivity, the period of total dependency on the mother.¹⁵

The conscious masturbation fantasy of a young man proves in analysis to be in part determined by the attempt to ward off the wish that his mother should handle his genitalia, as she was handling those of his eighteen months younger sibling. A memory represents the mother as examining the younger boy's testicles, a regular occurrence in the care of this sickly boy during the patient's earliest latency years. The repressed fantasy aims at sexual contact with the mother and various clinical data indicate that they reawaken the original and never quite mastered wish for direct dependence. The early birth of the sibling resulted in an overintense attempt to be active and independent, instead of passive and dependent. Naturally other elements over-determined the fantasy itself; being passive had at that age gained the meaning not only of being castrated but also already of being feminine.¹⁶ At the time into which memory leads a third sibling, a boy, had been born instead of the expected girl. The feminine fantasy was at this point not only stimulated by the negative component of the oedipal

14. For the general dynamics of masturbation fantasies see Eidelberg (11).

15. In the discussion of 1912 Sadger reported of case material, which he was inclined to relate to the later development of latent or overt male homosexuality; the finding which he stresses is the identification of the masturbator with the "active" mother. The image of this activity is naturally merged with that of the phallic mother.

16. In other screen memories of this patient these two components could be more clearly distinguished.

conflict in its relation to castration anxiety but also by the strongly repressed thought: If I had been the little girl, which my parents desired in vain I would be the favorite of mother and father; I would have remained the privileged, the only child. Following the lead of jealousy the experience of the original closeness to the mother is linked to, and becomes transparent behind, later developmental layers.

The observations of Spitz and Wolf (49), and to some extent the insight supplied by similar examples, draw our attention to a number of problems which at the present time must remain unanswered. Early self-stimulation of the genitalia ("genital play") need not coincide even with the most liberal chronological assumption concerning the onset of the phallic phase. Our views on chronology in zonal sexuality are rapidly shifting. We are unable to indicate conditions responsible for any given type of overlapping of phases and displacement of stimuli. Attempts to elaborate in a systematic way the ideas developed by Abraham combined with Alexander's vectorial tendencies have been undertaken by Erikson (10); they seem not to have been found useful by clinicians or have not yet been sufficiently absorbed by them. Any attempt to look at the manifestations of zonal behavior in isolation is bound to prove disappointing. Hartmann has recently pointed to the fact, that certain behavior details, previously closely linked to the anal phase, for instance certain traits of orderliness, may appear as reactions of a particularly early development of the ego. It seems that such accelerated development is closely related to the patterns of present-day child care among progressive and psychoanalytically oriented parents.

Similar explanations may be appropriate as far as the early manifestations of behavior are concerned which we are or were inclined to link solely to the development of the phallic phase; the acceleration may, according to tentative impressions, be due to the fact that the dominant climate of child care facilitates not only the close relationship with the mother in general terms, but specifically the identification with her activity. In the case of the patient mentioned above this relationship determined even later in life the tie between the mother and her oldest son. The two shared within the family the characteristics of active, driving personalities, a unity presumably established at a time when, after the birth of the second and weak sibling, activity and grownupness of the little boy represented an incentive in winning mother's attention. It is in line with our general expectation that the acceleration of this development facilitated a later regressive tendency, somewhat stronger than normal: at the height of the phallic phase and castration anxiety, after the birth of the third child, the boy planned as a girl, feminine fantasies developed in our patient.

The opposite but not totally contradictory picture is familiar from cases described by Phyllis Greenacre (18) in which either general traumatization or specific violent overstimulation affect the maturational sequence; in these more or less severely impaired patients we find sometimes a prematurity of phallic attitudes but not the concomitant steps in ego development; the zonal reactions have, at least for some time as it were, remained isolated.¹⁷

III

The idea that autoerotic self-stimulation arises in part as a substitute for the stimulation by the mother has been taken for granted in analysis, since case histories reported by child analysts established the link between excessive frequency and intensity of masturbation and the absence of satisfactory ties to the principal love object. Since then experience with deprived children, particularly of the toddler age reported from the material in the Hampstead Nurseries (Anna Freud and Dorothy Burlingham, 14), have shown that the increase in autoerotic activities appears in a contest of a general withdrawal of libido and aggression from objects, and can be reversed when permanent or even semi-permanent substitute objects are offered to the child: the energies of his instinctual drives are as it were in search of the object. Observations of this kind seem to have led some investigators to assume that a radical dichotomy exists between the investment of the self and that of the object, a view expressed particularly in the writings of Maloney (39a):

If the child cannot re-institute the positive relationship between himself and his mother he enlists some other means of allaying anxiety. Often he will retreat into a plastic phantasy—a fixed unconscious phantasy. In this phantasy he himself replaces the unpredictable mother. He sucks himself, fondles his ear or his nose or any part of the body. He sucks on something. He scratches or tickles himself. He wallows in warm feces or urine. He tickles his nose with a feather or fuzz. The possibilities at playing mother to himself are legion. Once introduced it is not easy to rob him of the unsuspected substitutes for the delinquent parent.

17. The existence of early phallic tendencies have naturally been repeatedly stressed by analysts. M. Klein's theories bear upon this point; however, in her view maturation has mainly a defensive function and serves the escape from the dangers of oral aggression. It seems appropriate at least briefly to refer to Ernest Jones' concept of the "proterophallic" phase, during which before the full awareness of sex differences phallic strivings are ascribed to the infant. In combining Freud's later thought with Jones' earlier views we would come to consider the proterophallic phase as one in which the phallic strivings are not dominated by the dichotomy phallic-castrated, which would correspond to the maturational peak of phallic development, but by the dichotomy active-passive: Not the fear of castration but the fear of the loss of the love object seems at this stage prominent.

In Maloney's view—or better in the suggestive but incomplete formulation here quoted—masturbation appears as pathological, caused by a deficit of object-love. Some such deficit, it seems, is unavoidable, however devoted the mother; or to put it more correctly, “total gratification” seems to be a figment of our imagination. The instinctual desires prepare the ground for a magnitude of demands,¹⁸ which makes a certain degree of deprivational experience an unavoidable and, we believe, a necessary factor (Hartmann, Kris, Loewenstein, 24). While in the practice of child care much depends on timing, extent, and nature of deprivational experiences, the periodic shifts and reversals of investment between self and object caused, or at least in part stimulated by, deprivation constitute a necessary element in normal development, first in differentiating the self from the environment, then in the variety of steps by which the bridge between self and the human object is established by identification. Shifts in cathexis between the self and the human object frequently imply a trend toward regression. However, the fact that such behavior may constitute adequate problem solution, that for this purpose temporary regressive mechanisms may be utilized, is in full agreement with the views on ego functions, particularly with Hartmann's formulations on this subject (20, 22). Not the isolated mechanism but the context in which it occurs decides on its meaning. In the following I shall attempt to compare a number of observations under this contrasting aspect.

Alex whose family history and development have been discussed in some detail by Jackson and Klatskin (27) and whose development was followed in their presentation to the time of the birth of a sibling (twenty-seven months) was a child who was rarely seen to suck.¹⁹ His oral activities in the nursery were merely limited to mouthing of objects and during the course of observations I suggested that this served the function of testing new objects rather than of retaining or incorporating them. Such tentativeness seemed in line with his difficulties in establishing contact which were as great as his desire for situations in which such contact could be established without danger of the interference from aggression. In Jackson's and Klatskin's presentation these attitudes of Alex could tentatively but plausibly be related to similar mechanisms operative in his mother. There also seemed little doubt that more energetic finger or thumb sucking had met with con-

18. The absence of an ego organization may cause these demands to be experienced as particularly “great,” quite apart from what attempts at measurement of individual differences may one day be able to reveal.

19. See my summary of Alex's behavior in nursery school (Yale University, Child Study Center) quoted by Jackson and Klatskin (27).

siderable disapproval in his home environment. The tentative mouthing represented a compromise between a reduced or inhibited sucking and a specific function which this activity had retained; namely, the oral exploration, overdetermined as it was by early restrictions on other exploratory functions, particularly by the prohibition to touch.

On the day when Alex's mother went to the hospital for the delivery of a sibling and on subsequent days a change in the pattern of Alex's mouthing was seen to take place. He was visibly depressed, and even more prone to isolate himself from the group than at any other time. Under the impact of this mood the generalized mouthing not only was more frequent than ever but turned at least for part of the time into finger and occasional thumb sucking, into object-directed pleasure sucking; it was physiognomically speaking, "autoerotic." The impression to an observer was that a definite "image" was connected with this activity: the sucking replaced the lost object, the mother, whom he would not or did not find at home.

A different picture is offered by John who, at the age of three years and ten months sexualized his object relationship. The brilliant description of his behavior by Putnam, Rank and Kaplan (see p. 38) can here be summarized in the light of observations which I was privileged to make at repeated instances at the James Jackson Putnam Children's Center in Boston.²⁰

After an initially favorable development John withdrew from attempts at verbal communication around eighteen months of age. He impressed observers as a desultory child, almost constantly engaged in some oral or other autoerotic activity. Many factors contributed to this extent of oral fixation. From the case history we note that during his early infancy bottles were at many occasions almost literally pushed into his mouth. The invitation to sucking was used to pacify all his demands. Sucking with John was a complex activity, in which the lips were less engaged than the anatomical structure of the mouth, at an age when such participation is normally no longer prominent (Peiper, 41). John's upper jaw, the region of the palate close to the front teeth, seemed to have become a preferred locus of self-stimulation and discharge. There cannot be any doubt as to the destructive quality of this oral activity and none as to its function as general avenue of tension discharge. The particular type of behavior on which I should like to

20. I should like to take this opportunity to express my warm appreciation to the directors of the Center, M. C. Putnam and B. Rank, and to their collaborators for much stimulation during regularly repeated discussions and many shared clinical impressions. I am particularly grateful to Mrs. Rank who initiated my contact with her institution and thus a co-operation which she continued in valuable comments on the present paper.

focus attention concerns John's contact with his mother. From time to time he was readily taken into her lap and cuddled but such close bodily contact was often of only limited duration. John tended to react to it with marked sexual excitement, could not maintain the tender contact and started to masturbate violently. Only during the course of masturbation, mostly at the peak of excitement, his facial expression resumed a childlike expression. At other occasions the face was dominated and disrupted by the almost square-shaped opening of the ever-active mouth, which stigmatized his appearance. The mother found his often violent gyrations at times unbearable and tried to break off contact; at one occasion she was seen to detract his attention by pushing a plastic dish into John's mouth.

We refer to this type of behavior since it illustrates the fact that in cases in which the normal object relation has not developed or could not be maintained a sexual relation can still survive. There are infinite variations between John's behavior and the normal child. Case material from child analysis informs us about many types of intermediary conditions and in reconstructions from the analysis of adult patients one gets insight into others. In the analysis of "schizoid" individuals one sometimes not only gains the impression that the absence of an adequate latency period, the continued predominance of masturbation through the total course of childhood, can be viewed in terms of the incompleteness of their involvement with love objects but also the impression that a narcissistic element predominated in their masturbation fantasies. In two cases of male patients which fit into this broad picture these fantasies were of an exhibitionistic nature. Both men, who had achieved potency in adult life, the one excellent, the other satisfactory, retained the imprint of passive demands—to be admired in their performance—the one under the disguise of the demand for total inactivity of the partner, the other in rigidly limiting or prescribing her modes of participation. With both intercourse itself was the exclusive or main anchor in their object relationship. In both cases the more accessible layer was the passivity toward the male, but hidden behind the repressed identification with the mother was the wish to be passive in relation to her. Both men had been exposed to rather severe deprivation, the one by the fact that his mother concentrated very early her attention on a fourteen months younger sibling and subsequently on other children, the other by the fact that his mother prided herself in constantly stimulating his maleness to the extent of hardly veiled sexual advances during pre-puberty. In reconstructions it was suggested that similar plays may have taken part even during the nursing situation and members of the family confirmed the teasing characters of the mothers' earliest handling of the

infant. The point of resemblance of these cases with John's might be underlined; they show in a very much more adapted form a similar though less exclusive limitation of object relations to the sexual sphere; also the factor of early deprivational experiences, stressed by Putnam, Rank and Kaplan for John's case, plays a similar part. Possibly even the area of deprivation may have been a similar one, that is the unsatisfied need to be the object of mothers' ministrations and attention. However, it should be stressed, as it was on previous occasions (Kris, 30), that we do not at present know how large the part played by such deprivations is.²¹

Cases like those of John's are particularly apt to confirm our belief in the fruitfulness of recent reformulation of psychoanalytic theory by Hartmann (22). We usually viewed the substitution of object contact by autoerotic activity in general terms as a narcissistic procedure; Hartmann has pointed out that in such connections we should speak of an investment of the self. In earliest infancy we assume that shifts of this kind occur incessantly or very frequently. In later development, once the permanent relation to the object is established, or at least some of its relevant antecedents, not all of this energy can be assumed to be fluid. Part of it remains presumably vested in the object, part of it in the self, and part of it is neutralized and used as permanent cathexis of the ego as an organization.²² The profound disturbance in John's development, whatever its etiology or diagnosis, is characterized by the fact that no higher ego development has taken place. Few ego functions could develop and no relevant part of his actions reach into a sphere free from urgent conflict: We assume a deficit in the neutralization of psychic energy, an absence of (secondary) ego autonomy. In John's case the self and the object are related to each other by constant shifts of non-neutralized energies, of libido and aggression. The mother is on the whole an object used for immediate tension discharge. It is an exquisitely infantile object relation enacted with a more mature body.

We have as yet no experience in assessing the stages and modalities of the development of ego autonomy in the sense defined by Hartmann.

21. Among the factors which tend to be neglected is the possible one that in cases in which a mother shows marked lack of warmth toward one but not toward other children. This may not only be due to a specific unconscious fantasy concerning this child—a view stressed by B. Rank and her collaborators—but might conceivably be connected and/or combined with her earliest perceptions of some trait in the infant to which she reacts. In other contexts this reaction of the mother to the child's predispositions has been investigated and stressed by Bender and recently mentioned by Erikson (10).

22. This summary of the theory formulated originally by Freud and reformulated by Hartmann (22) is rendered in considerable simplification, since it serves here the purpose of establishing connections between the various observations reported.

Conventional measurements of isolated ego functions by testing procedures of various kinds supply in spite of their obvious limitations during infancy and early childhood data that may prove useful (Anna Freud, 10). However, at least in many instances, they seem to measure not the autonomy of the ego but stages in the maturation of its apparatus and other developmental processes in isolation. One might take the view that the time has not yet come to establish too close a relationship between the data of observation and theoretical concepts in this area. Though I realize these uncertainties I should like tentatively to indicate at least one area of observation, which may prove pertinent and permit an approximation: Little is known about the development of the sense of rhythm in the child.²³ Its relation to many and general functions of the organism (Schilder), the fact that "the brain is so organized as to offer a substitution for automatic repetitiveness both of fragments of behavior and of more complete patterns of behavior" (Kubie, 32) form the broad background for discussion of the problem, recently surveyed by R. S. Lurie (39). In our context only a segment of the problems to which Lurie has pointed gains importance: the link of rhythm to autoerotic activities.²⁴ This segment permits a view of the gradual control which the ego gains over various types of automatic motor discharge processes, some of them rhythmical. Several years ago I suggested that we may speak of the control of rhythmical, automatic motor discharges and their transformation into the melody of movement as one of the important functions of the ego (Kris, 29). As far as early autoerotic activities are concerned several areas in which manifestations of rhythm occur gain particular importance. It is less the heart beat, "the general pacemaker of rhythm," which seems relevant, but rather the occurrence of rhythm in sucking, its relation to respiration and peristalsis, and particularly the focal role which the mother plays in response to these experiences or by new stimuli she tends to set. The physical contact between mother and child seems many a time to adopt patterns of rhythm as if the unity of the two could best be restored by their sharing in it. On this basis rhythm gains its importance in child care and its value as a "relaxational expedient" (Gesell).²⁵ Clearly not all manifestations of rhythm in the child's life can meaningfully be linked to auto-

23. For a survey of the older literature see Ruckmich (46).

24. In what follows we remain aware of the high complexity of the subject matter, and of the fact that we are presenting simplifications by stressing one aspect only.

25. I should like gratefully to acknowledge stimulation by a memorandum of S. Margolin's on the ontogenesis of rhythm in which a wealth of suggestions derived from various areas of research is combined with case material from psychoanalytic observation.

eroticity: rhythmical repetitiveness in motion may lead to learning, particularly in the area of motor control (Isaacs). The existence of this nexus plays its part in attempts to come to an understanding of rocking, the most conspicuous rhythmical autoerotic activity of early infancy. Lurie reports that in an unselected sample of pediatric clinic population one form or another of rocking or swaying was observed in 15-20 per cent of children, in private practice in about 10 per cent. The frequency of occurrence drops after the child has achieved co-ordinated activity in new areas, particularly after it has learned to walk. Lurie also points out that "the most common time for the use of rhythmic motor patterns is when an infant is in the transition between one stage of growth and development and the next." The transitions from sitting to standing, standing to walking are instances in point. The lag between one maturational step and the next can also be viewed as a frustrating experience to the child. At any rate, the occurrence of rocking (as that of other autoerotic activities) in face of and in reaction to frustration is well established. That rocking movements of some kind occur with some children in the course of maturational processes seems to contradict observations by Spitz and Wolf (49). They found rocking behavior frequent in children living in an institution with their mothers whom they describe as impulsive characters. In the developmental profiles of these children they note retardation in social contact and in the manipulation of objects. Since according to Wolf's opinion the manipulation of inanimate objects reflects the relation to the child's primary objects, the authors argue that rocking children are arrested "at the level of primary narcissistic discharge of the libidinal drive in the form of rocking." Though the impression that rocking behavior per se is pathological is not shared by others, we will later refer to some of the implications of these findings.²⁶

The early relation between the occurrence of rocking and the maturation of the child's motor development (Lurie, 39) should not blind our interest to the part played by rhythmical discharge patterns later in the child's development. We refer here to two such representative modes of discharge observed during a nursery day of the three-year-old. A record is being played and around the stimulus supplied by music rhythmical stamping develops, sometimes initiated spontaneously by

26. See for a different evaluation of rocking f.i. Lampl de Groot (37). In a discussion of the paper by Spitz and Wolf (49) in the New York Psychoanalytic Society M. Kris pointed to the possibility that the frequency of rocking behavior in the population studied by the authors may have to do with the various restrictions imposed by life and care in a penal institution on child and mother. This suggestion is in agreement with Levy's observation (36), according to which rocking occurs in reaction to restraint.

one or two children and taken up by others, sometimes initiated by the nursery teachers beating the rhythm by hand clapping. In many instances the rhythm of music is followed only for a short while, the stamping becomes independent, outgrows and outlasts it but retains the character of a group activity of a more or less organized and shared discharge. Different in nature are manifestations of rhythm which seem to appear the more frequently the younger the child is, i.e., in the group here discussed, the closer it is to the two-year limit. A child plays with wooden trains and is trying to connect engines and cars. At one point, mostly but not regularly when a difficulty appears or failure is feared, the attempt is gradually—in rarer cases suddenly—dropped for the sake of rhythmic movement: engine and car are pushed against each other, one of them is pushed forward and backward on the floor, against another object or along part of the child's body. Neither details nor variations of similar processes can here be reported. We can only state that rhythm here interrupts purposeful action, motor impulse disrupts constructive playing.²⁷ That this happens frequently in response to a frustrating experience coincides with our expectation. This emergence of rhythm can be viewed in connection with many frequently discussed problems, with the child's attention span, with the disorganization of ego functions described by Anna Freud, as a consequence of overtiredness, or with what I suggested to call the child's regression rate (Kris, 30). In the present context we are concerned only with the evident closeness of this emergence to autoeroticity; in some of the observed children rhythmical movements, such as those described and other similar ones, tended to lead to rubbing of the genital area. The regressive character of the breakthrough of rhythm can in these cases actually be viewed as a sexualization (and in other instances as an aggressivization) of energy, which in other activities—problem solving or organized playing—has presumably been to some extent neutralized.²⁸ During the later part of the third and during the fourth year of life sudden discharges of this kind seem to become less obvious. We might speak of the growing attention span, of progress in ego development, and consequently of the growing distance between ego and id. Autoerotic and other activities

27. Similar observations concerning children at a somewhat later stage of development have been made long ago (1917) and repeatedly since by students of children's drawings. Thus Kröttsch (31) assumes that "continuous rhythmic movements without attempting formation or continuous sliding back into rhythmic movements are indicative of mental disturbance"; see also Prinzhorn (42) and P. Elksich (8, 9) who considers rhythm and rule (Klages) as contrasting tendencies between which the ego has to mediate.

28. A discussion of the usage of the terms sublimation and "neutralization" is reserved for another context.

seem gradually to be better differentiated from each other and transitions from one mode of discharge to the other become less easily observable and possibly on the whole rarer.

If we turn from the average nursery child to a group of severely disturbed children (psychotic children, children with arrested or atypical development) we gain a different impression: The separation and delimitation of which we speak has not taken place. One of the very disturbed six-year-old patients at the James Jackson Putnam Children's Center showed interest in a cigarette lighter used by the observer and wished to play with it. Attempts to explain its function did not succeed but when the short-lived attempt to operate it had failed, the little boy grasped it and performed a frantic rubbing motion with it along the edge of the telephone switch board. While in this instance what we call frantic is meant to convey the impression of a general state of excitement with a predominantly libidinal discharge function in other no less frequent instances one gains the impression of the primacy of aggressive discharge. A six-year-old patient of a State Hospital under observation at the James Jackson Putnam Center suddenly breaks away from the contact with a therapist, with whom he had been intimately familiar for a long time, turns to an old telephone directory and starts systematically but with marked excitement to tear page after page carefully through the middle. Whatever the organic and/or psychological etiology of similar conditions may be, we are justified to speak of archaic (arrested or regressed) behavior in a double sense. The contact with the inanimate object is not meaningful, it is not set to use but treated without regard to its function,²⁹ and the uncontrolled rhythmic discharge impresses the observer physiognomically as sexual or aggressive. This then is meant when we speak of lack of neutralization. The ego is as it were not organized, and the disturbance can well be described in terms of the lack of cathexis with which it is endowed.³⁰

The full impression of the usefulness of these concepts can be illustrated by observation concerning Ellen, a little girl of eight, who at the time of observation was hospitalized; she had for several years been under treatment at the James Jackson Putnam Center. At first sight she offered the typical picture of an adolescent catatonic, reduced in size: slender and extremely attractive with long blonde hair and with what appeared to the casual visitor a searching look in her blue eyes, and seemed

29. K. M. Wolf's (49) assumption that the treatment of the inanimate object is causally related to that of the human object (see above p. 110) appears in view of some of these cases at least to be incomplete: the possibility that both relationships are manifestations of the same disturbance should be kept in mind.

30. B. Rank speaks in similar connection of ego fragmentation (44).

to connote meaningful and soulful vagueness. This impression changed within a few minutes into one of complete emptiness. It seemed never to leave the child, neither when she played with a baby doll and chanted to herself, soon moving from co-ordinated into rhythmic motor patterns, nor when cuddling in the lap of her therapist, or this observer, when the rhythmical movements soon grew into masturbatory patterns. Only in three situations her face seemed to revive: when she drank unusually large quantities of orange juice or ate highly salted raw tomatoes, when she reached orgasm during genital masturbation, and during defecation. It was as if cathexis had been left only for the zonal organization; "the ego was empty." In a very detailed case history, the gradual loss of ego functions, not without several transitory or apparent remissions within a general trend of deterioration has been traced by the workers at the James Jackson Putnam Center who will present the case in detail. In our context, however, only one aspect seems relevant: The exclusiveness with which all other experiences are replaced by extensive zonal gratification, provoked by prolonged or massive stimuli, by something of the nature of violence. It is an impression familiar from many instances in the autoerotic behavior of severely disturbed children and from cases of compulsive masturbation with child and adult. In psychoanalytic observation of such cases we are used to discover resentment directed against love objects for their true or alleged frustration turned into self-destructiveness. This leads us to point to a more general problem: as far as autoerotic activities represent an impediment to normal development—and they do so naturally only under special conditions—we are used to pointing to the dangers inherent in the withdrawal of libidinal cathexis from the world as one of the causes leading to excessive narcissistic cathexis of the self, i.e., to its cathexis with non-neutralized energy. Only recently have we become aware of the parallel danger in the economy of aggression,³¹ i.e., of the cathexis of the self with aggression. The manifestations of compulsive masturbation are one but surely not the only or the most important manifestation of this danger. We do not intend here to enumerate others but should like to point only to one problem of some relevance. Hartmann's suggestion that neutralized aggressive energy is mobilized for the purpose of anticathexis (22) must here be taken into account. A deficit in the neutralization of aggression—whether or not it arises in consequence of impaired object relation (Anna Freud, 13;³² Kris, 30) or for other reasons—may result in a variety

31. I intend to deal with some of these problems in another context, in connection with a discussion of problems of anal erotism. This might explain some of the more obvious omissions in this paper.

32. See also this Volume, pp. 18 and 127.

of disturbances in the development of mechanisms of defense. Such defectiveness in defense is typical of severe disturbances in childhood and of considerable importance in the structure of most psychoses³³ and hence related to a wide area of problems which invite further clarification.

The observations here presented have led the way from attempts to clarify our views on some early autoerotic activities to enquiries into some problems of ego development. The circuitous route leads back to the familiar, to opposing tendencies, never neglected in psychoanalysis, i.e., to the relation of the tendency to immediate discharge to one which accepts delayed and differentiated discharge processes. In this connection, the question as to the function of autoerotic activities as part and instigator, but also as impediment, of child development, poses itself anew. It is a question which renews our interest in the memorable controversy of 1912.

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PEDIATRIC OBSERVATIONS ON MASTURBATION IN CHILDREN¹

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No person can long remain in the practice of pediatrics without observing the genital play and masturbation of infants and children, and without being deeply impressed by the extreme importance placed upon this activity not only by parents, but also by relatives, religious educators, and even by physicians themselves.

In the course of his daily practice, the pediatrician is able to observe the activities of children while in his office and during the periods when visited at home. It is also possible for him to observe the attitude of parents when the child handles his genitals. And occasionally, parents, disturbed by the masturbatory activities of their children, present their anxieties to the pediatrician.

A careful observer can determine the age at which genital play first appears, the manner and frequency of genital play and masturbation during the developmental stages of the child, occasionally the relation of this activity to anxieties of childhood, and the evidences of concern of parents, and guilt of children.

It should be understood that the present paper is by no means intended to review the subject of masturbation or even to report on previously published observations. It is merely an attempt to relate personal observations, many of which were recorded shortly after having been made. As might be expected, the greatest number of observations were on children under six years of age.

If one observes a great number of children from earliest infancy, he is able to follow the gradual development of the activity of the hands and arms. Once the infant has gained the ability to manipulate his hands, he apparently learns very quickly that touching certain areas of his body is especially pleasurable. Of course, the first of such areas is the mouth.

But at five to six months of age, a good many children in their manual exploration have found their ears and seem to derive consid-

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erable satisfaction from pulling on them or sticking the fingers in them. Many infants do this to such a degree that parents frequently question whether the ear is sensitive and disturbing. It is interesting to note that many babies quiet down immediately while their ears are being cleaned or examined, if they are not restricted otherwise.

Occasionally, and as far as I can judge, very rarely, the child between five and six months of age finds his genitals, but the fingering is not purposeful or continuous.

However, at five to six months of age, a few infants start real genital masturbation by raising the body just slightly from the mattress and moving it back and forth so that the pubic region and the genitals receive slight direct contact. But at this same age a much larger number of infants have been able to elevate themselves to their hands and knees, and many of these children have started to rock forward and backward in a rhythmic fashion, apparently gaining a great deal of satisfaction from this activity. This to and fro swaying on hands and knees appears to be the most frequent type of rocking observed, and certainly between six and twelve months of age is not at all uncommon.

But many infants and young children have formed a pattern of rocking where they bump their heads on the wooden back of the crib each time they propel forward. These children rock and bump with great vigor, at times bruising their foreheads and frequently producing a thickening of the skull in that area, and these children, as a rule, will not rock if placed on a bed without a wooden back against which to bump. In one case where a parent put a pillow against the wood to prevent further injury of the baby's head, the child placed the back of his hand in such a position that he could bump his forehead against it while rocking.

Once the child is able to sit up steadily, other types of rocking are observed, all of which apparently bring to the infant a great deal of satisfaction. Some children sit up swaying rhythmically to and fro for long periods of time. Some infants rhythmically lift their trunk and pelvis bouncing up and down off the chair, floor, or bed on which they are sitting, while still others combine these two methods—elevating themselves up and down and swaying to and fro, giving the appearance of rising as a person does when riding a trotting horse.

There are many more varieties of rocking activities indulged in by infants. A short time ago I observed an eight-month-old male infant who, as soon as he was placed on the examining table, crossed his two feet very tightly, arched his back, and in a position of opisthotonos swayed forward and backward with considerable tension for long periods of time.

Most children have given up rocking before they are eighteen months to two years of age, but a few continue on even to three years and later. Of the children who rock, the majority perform this activity before going to sleep and immediately on rising.

If one observes children in the process of this rhythmical rocking, he can only be impressed by the intensity and vigor of this motion and the apparent satisfaction derived by the child. Although by the position of the legs it would be surmised that a great deal of the pleasure is centered around the genital area, I have not, in my observations, noted any penile erections. However, one of my patients who is still rocking at the age of six years, when asked by his mother why he rocked replied that, "It feels so good in my sissy."

After six months of age the fingering of genitals begins to occur with greater frequency. It is interesting to observe how gradually children discontinue sticking their fingers in their ears and pulling on their ears and how they tend to handle the genitals more and more. As a matter of fact, many infants from six months to two-and-a-half or three years of age reach toward and grasp their genitals as soon as they are undressed, while being bathed, or while sitting on the potty or toilet. But it would appear that most children, even through twenty-four or thirty months of age, indulge in genital play with a certain degree of satisfaction but without any apparent emotional excitement or increased stimulation. This is sharply in contradistinction to infants who rock and who often do it with great vigor and even tension and are not easily detracted from this activity.

As an example, I might refer to a male child slightly over two years of age seen recently. As soon as his clothes were removed, he reached forward and grasped his penis. In a very short time, the organ developed a marked erection but the child in no way appeared excited, flushed or otherwise stimulated. I stood next to him and offered him my stethoscope whereupon he immediately ceased handling his genitals and reached out and grasped the interesting medical instrument. His penis remained erect for between two and three minutes before contracting to its former size.

But there are a certain number of small children whose fingering or other manipulation of the genitals actually gives rise to typical orgasms even prior to the age of three years.

It is difficult to ascertain by simple observation whether these children have a higher degree of genital sensitivity or whether this early acquisition of masturbatory aptitude is acquired, for there are certain boys and girls who seem to have suddenly come upon a means of genital manipulation which is exciting and stimulating. During this intense

activity, these children are completely absorbed, their expression is one of pleasure or rather intenseness, and at times they flush and perspire. The activity is often followed by relaxation and even sleep.

After watching many children over a course of more than twenty years, one gains the impression that the greatest satisfaction and certainly the occurrence of an orgasm during masturbatory activity is dependent to a large degree upon repeated manipulations which have a specific rhythmic form. One might even differentiate the genital play, which is a simple pleasurable handling of the sex organs, from real masturbation in which a rhythmic form of activity takes place.

Some children discover the pleasure of rhythmic genital sensation at a very early age, occasionally through some rocking activity. Rhythmic manipulation with the hand does not seem to occur until children are approximately two-and-a-half or three years of age, probably because small muscle control is not too well developed. However, large muscle control involving the muscles of rocking is well organized, even as early as six months of age in many children. Occasionally, children find a means of direct genital stimulation without even using their hands but by bringing their large muscles of arms and legs into play.

I might mention one child, Carolyn, who at sixteen months of age found that she could grip her legs around the posts of her play-pen and pull her body up and down. Apparently she gained a great deal of satisfaction for she would indulge in this activity with great frequency. When taken out of the play-pen she would toddle over to the leg of a table or chair and again go through the same procedure. This child, now nine years of age, is having certain emotional difficulties both at home and at school, and not infrequently reverts and masturbates in this same manner, using a chair or a table either at home or before her classmates at school, apparently without any embarrassment. As far as the mother knows, this child has never masturbated manually.

Another patient, a little boy of five, would run over to his mother, cling to her leg and straddling, run himself up and down her leg with rapid development of an erection. This method of masturbation, although occasionally seen, is not as common as certain other patterns.

If one observes children of three, four, and five years of age, he will note a number of different methods of masturbatory activity in boys and girls.

Most boys of this age masturbate manually, some rubbing the penis, while a certain number have already learned to hollow the hand around the organ and knead it. However, many boys lie on their stomachs and writhe around on the floor, doing this even when they are absorbed with radio or television. One method of such masturbation is very remi-

niscent of the early rocking of infants, for these boys lie on their stomachs and with hands at their sides, raise themselves slightly from the bed or floor and propel themselves forward and backward, rubbing the genitals in so doing. These children often continue this activity until an orgasm is reached. A fewer number, as previously mentioned, rub themselves against the leg of a chair or a person's leg and derive intense satisfaction in that way.

In girls between three and five years of age, the varieties of masturbation appear to be manifold. It is difficult to tabulate the frequency of the various types observed but they include the placing of soft toy animals or blankets between the legs, in the region of the genitals, and wriggling the body; lying on such toys or animals and rolling the body and genitals over them; manually titillating the clitoris, and even at times, although less frequently, inserting objects in the vagina. I myself have never observed an orgasm in a child this young while the child was inserting an object in the vagina, but my observations are too few and it is difficult to conclude in most cases whether the placing of objects in the vagina is any different from the placing of objects in the nose or ear.

In older girls, however, those of seven or eight years or older, there is no doubt that a good many of them insert objects in the vagina in the course of masturbation. Although I have heard and read that vaginal insertion by children was always taught by others and was not originated by the child herself, I cannot prove this to my satisfaction. A good many girls of six to nine years of age are found on routine examination to have considerable irritation about the vaginal orifice. On one occasion recently, there was evidence that a nine-year-old girl was using an enema tube for masturbatory insertion in her vagina.

Although it is apparent that masturbation is a normal activity of children, it is unquestionably increased during periods of emotional stress. I could relate numerous examples where moments of tension were apparently accompanied by increased masturbatory activity. A few will suffice as examples.

At one of the nursery schools where I acted as pediatrician a number of years ago, there was a child who masturbated frequently and violently, considerably more than any of his classmates. This child's mother had recently been taken from the home and confined to a mental institution.

I recall, also, a little girl just four years of age who was sleeping in her car when it was in a collision with a truck. She awakened suddenly to find both parents dead and her mother's face smashed in and covered with blood. The child was taken to the home of friends

of her parents. During the succeeding months she spoke very little of the accident but sat and masturbated for long periods at a time.

A further interesting example was a little girl who had been a thumb sucker since early infancy. She developed a fear of the toilet at fifteen to sixteen months of age, becoming very rigid when placed upon it, but at eighteen months she was trained, although probably with some parental pressure. I will omit certain other details concerning the history except to state that the child became very fastidious, crying vigorously if ever she soiled her dress, stammering and sucking her thumb almost incessantly. When she was two-and-three-fourths years of age, a baby sister was born. The thumb sucking became more pronounced. At three years of age, a nose and throat specialist told the child she would look funny if she continued to suck her thumb. The child stopped thumb sucking abruptly and never sucked again. But immediately after she ceased thumb sucking, her nurse observed that the child would take off her underpants and throw them away and that she would masturbate violently. This condition continued and, even between three and four year of age, she was masturbating with great intensity, lying down on the floor of the nursery school, masturbating until she had reached an orgasm.

However, it is interesting to note that, although hospitalization of young children with abrupt separation from parents creates great emotional distress, rocking and masturbation appear to be extremely rare among these patients. Although in private practice, rocking and masturbation are not at all uncommon, I have rarely observed an infant rocking, and only very occasional cases of masturbation on the Children's Service at The New York Hospital. These personal observations have been corroborated by the charge nurses and members of the house staff. The fact that hospitalized and institutionalized children rock and masturbate less frequently than children with closer family environment has already been reported by Spitz and Wolf.³

But I have observed another type of children, all in one family, a girl of six, and her twin sisters, age three, who seem to show their delight by masturbating. These children rarely masturbate when tired or unhappy but do it immediately when overjoyed. As an example, the twins were waiting excitedly for their sister to return home from school. When she entered they were thrilled and greeted her joyfully and, while the older child sat on the floor removing her snowpants, the twins lay on their stomachs in front of her masturbating. The mother informs me that the older child reacts to joyful situations in a similar manner. Whenever this child receives a doll or toy animal that she adores, she

3. Spitz, R. A. and Wolf, K. M. "Autoerotism," *This Annual*, III/IV, 1949.

immediately puts it between her legs and presses it against her genitals. She, also, when very happy to see her mother, will run toward her joyously and start masturbating.

But what observations can be made on parents of children who masturbate—or rather, should it be said, what observations can be made on all parents when faced with the knowledge that their child masturbates? Unfortunately, the new knowledge taught all pediatricians has failed to dissipate the anxieties of the parents. The revulsion and disgust exhibited by so many parents, the deep concern over possible injury, is not easily removed by a few words. Almost 100 per cent, if not 100 per cent, of all parents that I have questioned or observed express a sense of some revulsion while watching their children masturbate even if they made no attempt to stop it. Some of the more liberal mothers will state, "I know it's normal and does no harm, but frankly it doesn't look very nice, does it?" Other mothers who agree that it is very normal make every effort to divert the child's attention to some other activity, whereas still others threaten and punish the child for his masturbatory activities. Several mothers have related how they cried; one even became hysterical when told that her son was seen masturbating in school.

An interesting and frequent observation is that the great majority of these mothers, who experience a feeling of revulsion when their child handles his genitals, have no hesitation in handling the child's genitals themselves. They hold the penis while they retract the foreskin to keep it clean; they rub the clitoris and vulvae with oiled cotton, but if their sons or daughters handle their genitals themselves, they immediately pull their hands away or try desperately to turn their interest in another direction.

Several years ago a mother was demonstrating to me the method she used in retracting the foreskin of her year-old son, being anxious to learn if she was retracting it far enough. Later, while the child was still lying on the table, he started handling his genitals. Immediately the mother pushed his hands away and hurried to fasten on his diaper. "Why," I asked her, "are you permitted to handle his genitals when apparently he isn't?" "Well," the mother answered without hesitation, "you see, it's different."

But are there any dangers of masturbation which can be observed by the pediatrician?

I might say that outside of excoriated shafts of penises and irritated vulvae and perineums, I have seen no physical damage. Many of the most active masturbators that I have observed have been beautifully built, with good posture and excellent muscle tone.

Evidences of guilt in children who masturbate are rather frequent, however. I will not dwell on this subject which I am sure is familiar to all psychoanalysts. I might say that, although I have seen a good many children who had irritated themselves or even excoriated their genital area during masturbatory activity, none of them has ever admitted immediately that it was due to masturbation, even denying that the irritations and excoriations were painful, which was obvious.

I am fairly sure that very few, if any, children pass into the period of latency without some knowledge of the parents' dislike of their masturbatory activity. Even if nothing has been said in disapproval, it is obvious that any child will soon realize the connection between his masturbating and the parents' suggestion that he enter some other activity.

One of my patients, a little girl of five years, was rolling around on her abdomen masturbating when her father entered the room. The father, a well-informed person, spoke to her quietly. "Listen, darling, if you'll sit up I'll read you a story." "Well," answered his daughter, "if I have to sit up to hear the story—then I don't want to hear the story." Of course she realized her father's tactics.

I shall mention fantasies associated with masturbation very briefly since I am sure that, here too, psychoanalysts have a much greater wealth of experience. I would relate only two histories. One little girl of five years was masturbating when I asked her mother to attempt to learn what type of fantasies were associated with her masturbation. Without hesitation the child answered, "I'm thinking of our big dog in the country."

Another patient, a boy of nine-and-a-half years, was lying on the floor masturbating while watching television. Suddenly his mother entered the room, surprising him. The child stopped masturbating immediately, jumped up, ran to his mother, hugged and kissed her, saying over and over again, "Mommy, how I love you!"

As to the reactions of children following masturbation leading to an orgasm, it would appear that usually children relax and at times even sleep. However, a few seem to be stimulated by the activity. A three-year-old boy, whom I have observed in one of the nursery schools, would masturbate vigorously and then end always by sitting up alert, bright-eyed, and apparently satisfied and contented.

These, then, are some of the observations on masturbation during childhood made in the course of a general pediatric practice. They are, as you no doubt have noted, not complete nor can they be studied statistically. They merely add emphasis once more to our knowledge that masturbation is a normal activity of childhood which may be inhibited or increased by the child's environment.

EARLY CHILDHOOD

AN EXPERIMENT IN GROUP UPBRINGING

By ANNA FREUD in collaboration with SOPHIE DANN (London)

INTRODUCTION

The experiment to which the following notes refer is not the outcome of an artificial and deliberate laboratory setup but of a combination of fateful outside circumstances. The six young children who are involved in it are German-Jewish orphans, victims of the Hitler regime, whose parents, soon after their birth, were deported to Poland and killed in the gas chambers. During their first year of life, the children's experiences differed; they were handed on from one refuge to another, until they arrived individually, at ages varying from approximately six to twelve months, in the concentration camp of Tereszin.¹ There they became inmates of the Ward for Motherless Children, were conscientiously cared for and medically supervised, within the limits of the current restrictions of food and living space. They had no toys and their only facility for outdoor life was a bare yard. The Ward was staffed by nurses and helpers, themselves inmates of the concentration camp and, as such, undernourished and overworked. Since Tereszin was a transit camp, deportations were frequent. Approximately two to three years after arrival, in the spring of 1945, when liberated by the Russians, the six children, with others, were taken to a Czech castle where they were given special care and were lavishly fed. After one month's stay, the 6 were included in a transport of 300 older children and adolescents, all of them survivors from concentration camps, the first of 1000 children for whom the British Home Office had granted permits of entry. They were flown to England in bombers and arrived in August 1945 in a carefully set-up reception camp in Windermere, Westmoreland,² where they remained for two months. When this reception camp was cleared and the older children distributed to various hostels and training places, it was thought wise to leave the six youngest together, to remove them from the commotion which is inseparable from the life of a large

1. Theresienstadt in Moravia.

2. The camp was organized and directed by Mr. Oscar Friedmann, now an associate member of the British Psycho-Analytic Society, and Miss Alice Goldberger, former superintendent in the Hampstead Nurseries.

children's community and to provide them with peaceful, quiet surroundings where, for a year at least, they could adapt themselves gradually to a new country, a new language, and the altered circumstances of their lives.

This ambitious plan was realized through the combined efforts of a number of people. A friend of the former Hampstead Nurseries, Mrs. Ralph Clarke, wife of the Member of Parliament for East Grinstead, Sussex, gave the children a year's tenancy of a country house with field and adjoining woodland, "Bulldogs Bank" in West Hoathly, Sussex, containing two bedrooms for the children, with adjoining bathrooms, a large day nursery, the necessary staff rooms, a veranda running the whole length of the house and a sun terrace.

The Foster Parents' Plan for War Children, Inc., New York, who had sponsored the Hampstead Nurseries during the war years 1940-1945, took the six children into their plan and adopted Bulldogs Bank as one of their colonies. They provided the necessary equipment as well as the financial upkeep.

The new Nursery was staffed by Sisters Sophie and Gertrud Dann, formerly the head nurses of the Baby Department and Junior Nursery Department of the Hampstead Nurseries respectively. A young assistant, Miss Maureen Wolfson, who had accompanied the children from Windermere was replaced after several weeks by Miss Judith Gaulton, a relief worker. Cooking and housework was shared between the staff, with occasional outside help.

The children arrived in Bulldogs Bank on October 15, 1945. The personal data of the six, so far as they could be ascertained, were the following:³

<i>Name</i>	<i>Date and Place of Birth</i>	<i>Family History</i>	<i>Age at Arrival in Tereszin</i>	<i>Age at Arrival in BULLDOGS BANK</i>
John	18.12.1941 Vienna	Orthodox Jewish working-class parents. Deported to Poland and killed.	Presumably under 12 months	3 years 10 months
Ruth	21.4.1942 Vienna	Parents, a brother of 7 and a sister of 4 years were deported and killed when Ruth was a few months old. She was cared for in a Jewish Nursery in Vienna, sent to Tereszin with the Nursery.	Several months	3 years 6 months

3. Nothing has been changed for the purpose of publication except the children's names. According to a Nazi rule, all Jewish children had to bear names out of the Old Testament. These have been replaced here by another set of biblical names.

On immigration the official register of the children contained nothing beyond

<i>Name</i>	<i>Date and Place of Birth</i>	<i>Family History</i>	<i>Age at Arrival in Tereszin</i>	<i>Age at Arrival in BULLDOGS BANK</i>
Leah	23.4.1942 Berlin	Leah and a brother were illegitimate, hidden from birth. Fate of mother and brother unknown. Brother presumed killed.	Several months	3 years 5 months Arrived 6 weeks after the others, owing to a ring-worm infection.
Paul	21.5.1942 Berlin	Unknown	12 months	3 years 5 months
Miriam	18.8.1942 Berlin	Upper middle-class family. Father died in concentration camp, mother went insane, was cared for first in a mental hospital in Vienna, later in a mental ward in Tereszin where she died.	6 months	3 years 2 months
Peter	22.10.1942	Parents deported and killed when Peter was a few days old. Child was found abandoned in public park, cared for first in a convent, later, when found to be Jewish, was taken to the Jewish hospital in Berlin, then brought to Tereszin.	Under 12 months	3 years

Meager as these scraps of information are, they establish certain relevant facts concerning the early history of this group of children:

- (i) that four of them (Ruth, Leah, Miriam, Peter) lost their mothers at birth or immediately afterward; one (Paul) before the age of twelve months, one (John) at an unspecified date;
- (ii) that after the loss of their mothers all the children wandered for some time from one place to another, with several complete changes of adult environment. (Bulldogs Bank was the sixth station in life for Peter, the fifth for Miriam, etc. John's and Leah's and Paul's wanderings before arrival in Tereszin are not recorded.);
- (iii) that none of the children had known any other circumstances of life than those of a group setting. They were ignorant of the meaning of a "family";

their names, birth-dates and birthplaces. Some additional information concerning the six Bulldogs Bank children was supplied later by letter by Mrs. Martha Wenger, herself a concentration camp victim who had been in charge of the children in the Ward for Motherless Children in Tereszin.

- (iv) that none of the children had experience of normal life outside a camp or big institution.⁴

BEHAVIOR TOWARD ADULTS ON ARRIVAL

On leaving the reception camp in Windermere, the children reacted badly to the renewed change in their surroundings. They showed no pleasure in the arrangements which had been made for them and behaved in a wild, restless, and uncontrollably noisy manner. During the first days after arrival they destroyed all the toys and damaged much of the furniture. Toward the staff they behaved either with cold indifference or with active hostility, making no exception for the young assistant Maureen who had accompanied them from Windermere and was their only link with the immediate past. At times they ignored the adults so completely that they would not look up when one of them entered the room. They would turn to an adult when in some immediate need, but treat the same person as nonexistent once more when the need was fulfilled. In anger, they would hit the adults, bite or spit. Above all, they would shout, scream, and use bad language. Their speech, at the time, was German with an admixture of Czech words, and a gradual increase of English words. In a good mood, they called the staff members indiscriminately *Tante* (auntie), as they had done in Tereszin; in bad moods this changed to *blöde Tante* (silly, stupid auntie). Their favorite swearword was *blöder Ochs* (the equivalent of "stupid fool"), a German term which they retained longer than any other.

4. An attachment to a mother substitute is recorded of one child only. Martha Wenger, in the letter mentioned above, writes concerning Ruth: "Ruth was passionately attached to me and maltreated me accordingly. When somebody else had night duty with the children, she slept soundly; when it was me, she would stay awake, cry, and force me to sit with her." No similar relationships are mentioned with regard to the other children. Martha Wenger refers to John as "well liked by everybody" and to Peter as "endearing himself to everybody with his gay fearless, naughty ways." For the rest she says: "I can very well understand that the Tereszin children have been very difficult on arrival, and are still difficult to handle. There is something wrong with each of them, difficulties which would have been straightened out if they had had a normal life. In Tereszin everybody tried to work as little as possible to make up for the lack of proper nourishment. In the Ward of Motherless Children there was always too much work and too few people to help me. Besides looking after the children we had to see to their clothes, etc., which took time. We looked after the bodily welfare of the children as well as possible, kept them free of vermin for three years, and we fed them as well as was possible under the circumstances. But it was not possible to attend to their other needs. Actually, we did not have the time to play with them. . . ."

GROUP REACTIONS

Clinging to the Group

The children's positive feelings were centered exclusively in their own group. It was evident that they cared greatly for each other and not at all for anybody or anything else. They had no other wish than to be together and became upset when they were separated from each other, even for short moments. No child would consent to remain upstairs while the others were downstairs, or vice versa, and no child would be taken for a walk or on an errand without the others. If anything of the kind happened, the single child would constantly ask for the other children while the group would fret for the missing child.

This insistence on being inseparable made it impossible in the beginning to treat the children as individuals or to vary their lives according to their special needs. Ruth, for instance, did not like going for walks, while the others greatly preferred walks to indoor play. But it was very difficult to induce the others to go out and let Ruth stay at home. One day, they actually left without her, but kept asking for her until, after approximately twenty minutes, John could bear it no longer and turned back to fetch her. The others joined him, they all returned home, greeted Ruth as if they had been separated for a long time and then took her for a walk, paying a great deal of special attention to her.

It was equally difficult to carry out measures for the children's health, so far as they did not apply to everybody. When the children arrived, they were in fairly good physical condition, though somewhat pale, flabby, with protruding stomachs and dry, stringy hair, cuts and scratches on their skin tending to go septic. All the children were given codliver oil and other vitamins which were taken easily and liked by everybody. But it was nearly impossible to keep individual children in bed for small ailments, or for instance to give Miriam and Peter, who needed it, an afternoon nap while the others had no wish to rest. Sometimes those two children would fall asleep exhaustedly in the middle of the noise made by the others. At night, all children were restless sleepers, Ruth being unable to fall asleep, Paul and Peter waking up in the night crying. Whoever was awake, naturally disturbed the sleep of the others. The upset about separation was so great that, finally, children with colds were no longer kept upstairs. The only child who was in bed once, for two days with a slight bronchitis, was Paul. Another time three children had to be isolated for several days with stomatitis. The only other child in need of individual physical treatment was Leah.

She had a bad squint, her eyes were treated daily but the operation was postponed for six months to give her time for better adjustment to a renewed separation.

Inability to be separated from the group showed up most glaringly in those instances where individual children were singled out for a special treat, a situation for which children crave under normal circumstances. Paul, for example, cried for the other children when he was taken as the only one for a ride in the pony cart, although at other times such rides were a special thrill to him as well as to the others. On another, later, occasion the whole group of children was invited to visit another nursery in the neighborhood. Since the car was not large enough to take everybody, Paul and Miriam were taken earlier by bus. The other four, in the car, inquired constantly about them and could not enjoy the trip nor the pleasures prepared for them, until they were reunited.

Type of Group Formation

When together, the children were a closely knit group of members with equal status, no child assuming leadership for any length of time, but each one exerting a strong influence on the others by virtue of individual qualities, peculiarities, or by the mere fact of belonging. At the beginning, John, as the oldest, seemed to be the undisputed leader at mealtimes. He only needed to push away his plate, for everybody else to cease eating. Peter, though the youngest, was the most imaginative of all and assumed leadership in games, which he would invent and organize. Miriam too played a major role, in a peculiar way. She was a pretty, plump child, with ginger hair, freckles and a ready smile. She behaved toward the other children as if she were a superior being, and let herself be served and spoiled by them as a matter of course. She would sometimes smile at the boys in return for their services, while accepting Leah's helpfulness toward herself without acknowledgment. But she, too, did not guide or govern the group. The position was rather that she needed a special kind of attention to be paid to her and that the other children sensed this need and did their best to fulfill it. The following are some recorded examples of this interplay between Miriam and the group:

November 1945.—Miriam, on a walk, has found a tiny pink flower, carries it in her hand but loses it soon. She calls out "flower!" and John and Paul hurry to pick it up for her, a difficult task since they wear thick gloves. Miriam drops the flower again and again, never makes an attempt to pick it up herself, merely calls "flower!" and the boys hurry to find it.

March 1946.—From the beginning Miriam liked to sit in comfortable chairs. In the winter she would drag such a chair to the fireplace, put her feet on the fire guard and play in that position. When outdoor life began again, Miriam had a chair in the sandbox. She even helped weed the garden while sitting in a chair. But it did not happen often that she had to fetch a chair herself, usually the other children carried it into the garden for her. One day, Miriam and Paul played in the sandbox after supper. Suddenly Paul appears in the house to fetch Miriam's chair. When told that the evening was too cold already for outdoor play and that they had better both come in, he merely looks bewildered and says: "But Miriam wants chair, open door quickly."

May 1946.—Miriam drops her towel, turns around and says: "Pick it up, somebody." Leah picks it up for her.

July 1946.—Miriam enters the kitchen, calls out: "Chair for Miriam, quickly." She looks indignant when she sees no child in the kitchen and nobody to obey her orders. She does not fetch the chair herself but goes out again.

August 1946.—Ruth is found in Miriam's bed in the morning and is asked to get up. Miriam replies instead of Ruth: "Oh no, she much better stays here. She has to wait to fasten Miriam's buttons."

August 1946.—Miriam bangs her hand on the table and says to John: "Can't you be quiet when I want to talk?" John stops talking.

The children's sensitiveness to each other's attitudes and feelings was equally striking where Leah was concerned. Leah was the only backward child among the six, of slow, lower average intelligence, with no outstanding qualities to give her a special status in the group. As mentioned before, Leah's arrival in Bulldogs Bank was delayed for six weeks owing to a ringworm infection. During this period the five other children had made their first adaptation to the new place, had learned some English, had established some contact with the staff and dropped some of their former restlessness. With Leah's coming, the whole group, in identification with her, behaved once more as if they were all newcomers. They used the impersonal *Tante* again instead of first names for the members of staff. They reverted to talking German only, shouted and screamed and were again out of control. This regression lasted approximately a week, evidently for the length of time which Leah herself needed to feel more comfortable in her new surroundings.

Positive Relations within the Group. Absence of Envy, Jealousy, Rivalry, Competition

The children's unusual emotional dependence on each other was borne out further by the almost complete absence of jealousy, rivalry

and competition, such as normally develop between brothers and sisters or in a group of contemporaries who come from normal families. There was no occasion to urge the children to "take turns"; they did it spontaneously since they were eager that everybody should have his share. Since the adults played no part in their emotional lives at the time, they did not compete with each other for favors or for recognition. They did not tell on each other and they stood up for each other automatically whenever they felt that a member of the group was unjustly treated or otherwise threatened by an outsider. They were extremely considerate of each other's feelings. They did not grudge each other their possessions (with one exception to be mentioned later), on the contrary lending them to each other with pleasure. When one of them received a present from a shopkeeper, they demanded the same for each of the other children, even in their absence. On walks they were concerned for each other's safety in traffic, looked after children who lagged behind, helped each other over ditches, turned aside branches for each other to clear the passage in the woods, and carried each other's coats. In the nursery they picked up each other's toys. After they had learned to play, they assisted each other silently in building and admired each other's productions. At mealtimes handing food to the neighbor was of greater importance than eating oneself.

Behavior of this kind was the rule, not the exception. The following examples merely serve the purpose of illustration and are in no way outstanding. They are chosen at random from the first seven months of the children's stay in Bulldogs Bank:

October 1945.—John, daydreaming while walking, nearly bumps into a passing child. Paul immediately sides with him and shouts at the passer-by: "Blöder Ochs, meine John, blöder Ochs Du!" ["Stupid fool, my John, you stupid fool!"]

November 1945.—John refuses to get up in the morning, lies in his bed, screams and kicks. Ruth brings his clothes and asks: "Willst Du anziehen?" ["Don't you want to put them on?"] Miriam offers him her doll with a very sweet smile. John calms down at once and gets up.

November 1945.—John cries when there is no cake left for a second helping for him. Ruth and Miriam offer him what is left of their portions. While John eats their pieces of cake, they pet him and comment contentedly on what they have given him.

November 1945.—The children are taken to Mrs. Clarke's house to hear music. Peter lags behind. When the children enter the drive, they shout "musica" in anticipation and excitement and begin to hurry. But Paul stops himself, goes back to Peter, tells him "musica" and arrives with him at the house.

November 1945.—Paul shares his piece of chocolate with the others, or gives it to them altogether.

December 1945.—Paul has a plate full of cake crumbs. When he begins to eat them, the other children want them too. Paul gives the two biggest crumbs to Miriam, the three middle-sized ones to the other children, and eats the smallest one himself.

December 1945.—Leah runs into the inn, climbs on the counter and walks up and down there to the annoyance of the inn-keeper. She is sent home from the walk and Ruth goes back with her, both looking as if they were enjoying a special treat.

December 1945.—Paul loses his gloves during a walk. John gives him his own gloves, and never complains that his hands are cold.

December 1945.—Miriam throws a ball which hits Sister Sophie⁵ in the face and makes her eye water. Miriam looks bewildered. Paul who is busy with the other children, pushing furniture, leaves them, looks at Sister Sophie, then at Miriam, says: "Blöder Ochs, Sophie" ["Stupid fool, Sophie"] and tries to comfort Miriam with a toy. When she does not take it, he repeats: "Blöder Ochs, Sophie," and returns to the other children.

December 1945.—During a walk, Miriam lags behind, singing: "Miriam coming, Miriam coming." When nobody stops or pays any attention to her, her song becomes more and more ill-tempered: "Miriam com-i-i-i-ng!" All at once, the boys notice her being left alone, and hurry back to her. John and Peter lead her forward, Paul brings up the rear, all four children singing together: "Miriam coming!"

January 1946.—A visitor gives sweets to the children in the kitchen. Peter and Leah immediately demand a sweet for Miriam who is alone in the nursery.

January 1946.—Maureen takes the children and a pram to the station to collect a big parcel. Paul, who has some trouble with urination on this particular day, begins to cry. Maureen offers him a seat in the pram and explains to the other children that Paul does not feel well. They are full of sympathy. Peter walks beside Paul, petting him all the way home (about half an hour). When the children pass the baker's shop, the baker gives a bun to each child. While Paul eats his own bun, each one of the others gives him an additional piece of theirs. John gives him more than half of his.

March 1946.—Sister Gertrud opens a door and knocks it against John who stands behind it. When she enters the room next time, Ruth and Peter throw bricks at her and shout: "You naughty boy hit John!"

March 1946.—John has a temper tantrum when a ladybird, which he has caught, flies away. Leah hurries to him, strokes his hair, picks up his basket and

5. For convenience, Sister Sophie Dann, though the author of these notes, is referred to in the third person.

all the carrots which he dropped out. She carries both John's and her own full baskets on the way home.

March 1946.—A dog approaches the children who are terrified. Ruth, though badly frightened herself, walks bravely to Peter who is screaming and gives him her toy rabbit to comfort him. She comforts John next by lending him her necklace.

March 1946.—Paul receives a parcel with clothes, toys and sweets from his American foster parents, a new experience in the children's lives. The excitement is great but there is no sign of envy. The children help to unpack, hold whatever Paul gives them to hold, welcome what he gives them as presents but accept the fact that he is, and remains, the owner of most of the contents of the parcel.

When other parcels arrive later for other children, the same scene of thrill and pleasure repeats itself each time.⁶ There is no insistence on collective ownership.

April 1946.—On the beach in Brighton, Ruth throws pebbles into the water. Peter is afraid of waves and does not dare to approach them. In spite of his fear, he suddenly rushes to Ruth, calls out: "Water coming, water coming," and drags her back to safety.

May 1946.—When Miriam has bitten Leah several times at supper, she is asked to take her plate to another part of the terrace, so that Leah can eat in peace. She does it quietly and begins eating over there, smiling cheerfully at the other children. Soon Peter drags his chair and plate to Miriam; John, Paul and Ruth follow. Finally Leah is left with Sister Sophie at the supper table.

May 1946.—A ladybird is found by the children, sitting on a nettle. John wants to have it but is warned that the nettle will sting. Shortly afterward John appears with the ladybird and Paul reports beaming with pride: "Ich [I] step on stinging nettle for John and and and John got the ladybird and stinging nettle did not hurt and Paul step on it for John."

Discrimination between Group Members. Antipathies and Friendships

Although the positive reactions of the children extended to all members of the group, individual preferences or their opposite were not lacking. There was a certain discrimination against Leah on the part of the other girls, as the following recordings indicate:

February 1946.—When Miriam cries, Leah runs immediately to comfort her, although Miriam each time screams: "Not Leah," and then accepts comfort from the other children.

6. With one exception to be recorded later.

April 1946.—Ruth is very helpful toward Leah, looks after her on walks and helps her to dress and undress. But her behavior indicates that these actions are duties, imposed by Leah's comparative clumsiness, rather than acts of friendship.

There were, further, close and intimate friendships between individual children, as for example between Paul and Miriam.

October 1945.—On his first evening in Bulldogs Bank, Paul goes to bed, saying with a deep sigh: "My Miriam."

October 1945.—Paul is very fond of Miriam. He gives her toys and serves her at mealtimes. Sometimes he takes her doll, walks with it round the room and returns it to her.

October 1945.—The children hear a cock crowing and ask what it is. When told that it is a cock, John says: "Meine cock" ["My cock"]. Paul says immediately: "Is Miriam's cock."

October 1945.—Paul loves eating corn flakes. He has just started eating when Miriam—who is not sitting next to him—drops her spoon. Paul at once stops eating and picks up the spoon for her before continuing.

November 1945.—Miriam has pushed her spoon under the American cloth which covers the table and cannot get it out again. She sits in front of her pudding waiting to get her spoon back. The others try to retrieve it for her but fail. Paul, who tries harder than anybody else, finally leaves the table and fetches Sister Sophie, crying despairingly: "Sophie, spoon!" He shouts with excitement when Sister Sophie manages to retrieve the spoon and hands it to Miriam.

November 1945.—On her third day in Bulldogs Bank, Miriam had been given a doll from which she became inseparable in day- and nighttime. No other child was allowed to touch it except Paul who sometimes took it for a walk round the room.

On November 11, Miriam gives the doll to Paul when saying good night and goes to sleep without it.

On November 12, she gives him the doll again in the evening but later cries in her bed. Paul, who has the doll in bed with him, gets up and calls through the closed door: "Miriam, dolly!" Miriam gets her doll and Paul goes to sleep without it.

December 1945.—After having had Miriam's doll for a few evenings and twice for a whole night, Paul takes it as his own possession. Now he is inseparable from the doll as Miriam has been before. The children call it now "Paul's dolly."

January 1946.—Miriam is isolated because of stomatitis. Paul waves to her from the door as often as possible. He has been asleep for some time when he

wakes up and cries: "Ich mach wave die Miriam." He calms down and falls asleep again after being taken to wave to Miriam.

Aggressive Reactions within the Group

With the exception of one child the children did not hurt or attack each other in the first months. The only aggressiveness to which they gave vent within the group was verbal. They quarreled endlessly at mealtimes and on walks, mostly without any visible provocation. The following is a sample of these word battles, as they raged between October and January:

December 1945.—

John: "Is hot."

Ruth: "Is nicht [not] hot."

John: "Is hot."

Ruth (shouting): "Is nis hot."

John (triumphantly): "Is hot."

Paul: "Is nis hot, blöder Ochs" ["stupid fool"].

John: "Blöder Ochs, Paul."

Paul: "Nicht blöder Ochs Paul, blöder Ochs John."

John (shouting): "Blöder Ochs, Paul!"

John shouts so loud that the other children begin to laugh; he joins in the laugh.

The disputes ended sometimes in a general uproar, sometimes in a concerted attack on any adult who had tried to interfere and appease the quarrel; mostly the quarrel merely petered out when some new event distracted the children's attention.

After the children had entered into more normal emotional relationships with the adults and had become more independent of each other, word battles diminished and were replaced to some degree by the fights normal for this age. This second phase lasted approximately from January to July, when the relations between the children became peaceful again on a new basis.

The only child whose reactions did not fit in with the general behavior of the group was Ruth. She behaved like the others so far as being inseparable from the group was concerned, did not want to be left alone and worried about absent children. She also did her share of comforting others or of helping Leah, the latter especially after Leah begun to call her "my Ruth." But apart from these reactions, she was moved by feelings of envy, jealousy and competition, which were lacking in the other children and which made her actions stand out as isolated instances of maliciousness or spitefulness. In this connection it is interesting to remember that Ruth is the only child among

the group who has a recorded history of passionate attachment to a mother substitute.⁷ The evidence is not sufficient to establish with certainty that it is this past mother relationship which prevented her from merging completely with the group, and which aroused normal sibling rivalry in her. On the other hand, the difference between her and the other children's behavior together with the difference in their emotional histories seems too striking to be a mere coincidence.

The following are instances of Ruth's negative behavior in the group. Between October and January these instances were daily events. They lessened considerably after she had formed a new attachment to Sister Gertrud and they disappeared almost altogether after June.

October 1945.—The children collect acorns in their small baskets. Ruth stands, sucking her fingers and crying for acorns. Every now and then she picks up one that is pointed out to her. Sister Gertrud helps her by filling her basket with acorns. Ruth is pleased.

Soon afterward Peter stumbles and, falling, knocks against Ruth by mistake. She reacts with fury, hits Peter, empties her basket, and seeing it empty stares at it with a puzzled expression. Suddenly her face shows a triumphant, unpleasant grin, she seizes Miriam's basket and empties the contents into her own. She tries to do the same with John's but he defends himself in time and pulls Ruth's hair. Paul, who has watched the fight, joins in to defend John. Peter cries and looks for protection near Sister Gertrud.

The children quiet down again and continue to collect, Ruth, with a cross expression on her face, helping herself occasionally from the baskets of the others. All at once Paul appears, empties his own basket into that of Ruth and says with a happy smile: "Alle für Ruth; ich find viele, viele, ganz, ganz alleine." ["All for Ruth; I find many, many, all by myself."] Ruth continues to lose her acorns, either on purpose or by mistake and to help herself from the other baskets.

October 1945.—Ruth hurts other children secretly, by kicking or pinching them underneath the table.

October 1945.—Ruth takes other children's toys, shows a very pleased, triumphant expression.

October 1945.—Peter has to wear a bonnet to protect a bandage where he has cut his head. Ruth takes off his bonnet repeatedly.

November 1945.—Peter gets soap in his eyes at bathtime and cries. Ruth watches him. When he has almost ceased crying, her watchful expression changes

7. Miss Alice Goldberger reports that Ruth made an immediate attachment to her in the reception camp in Windermere after she had sat at her bed the first night and comforted her by playing a little mouth organ. From then onward Ruth had danced for her, clung to her whenever she met her, etc.—a behavior shown by none of the other children.

suddenly to a malicious one. She snatches the piece of soap and tries to put it into Peter's eye.

November 1945.—Ruth takes Paul's plate away while he is eating.

November 1945.—Ruth interferes with whatever the children do.

November 1945.—Each child receives a sweet. Ruth keeps hers until the others have finished eating theirs. Then she offers her sweet to one child after the other, withdrawing it as soon as the child touches it. Repeats this for twenty minutes and again later until the children stop paying attention to her.

November 1945.—Paul and Peter have fun at lunch by pretending to bite each other. When they stop, Ruth encourages them to continue and while they do so, she eats Peter's lunch with her fingers, although her own plate is still full.

November 1945.—Ruth does not enjoy her Chanuka presents. She wants what the others have.

December 1945.—A lady brings toys for the children. Ruth, again, wants the presents of the others.

December 1945.—Ruth breaks everybody's colored pencils.

January 1946.—Ruth kicks Peter under the table. This had not happened for some time.

January 1946.—Ruth has a bad spell of aggression again. Annoys and hurts the other children, bites John.

January 1946.—John, Miriam and Peter are isolated with stomatitis. Ruth cannot stand the extra care given to them and takes out her jealousy on Paul and Leah by hitting and biting them. Her aggressiveness ceases again when the patients recover.

March 1946.—Ruth pushes over what Peter builds and annoys other children.

May 1946.—Ruth cries for her doll which Peter has taken and refuses to return. Leah takes it from Peter and hands it back to Ruth. Ruth, with a malicious expression, gives it once more to Peter and immediately begins to cry for it.

May 1946.—The children pick flowers which grow behind high nettles. They are warned to avoid being stung. John continues but moves and picks carefully. After a while he cries out as he gets stung: "Die Ruth, die Ruth push." Ruth stands behind him, pushing him into the nettles with a malicious expression on her face.

August 1946.—Paul receives a gift parcel from America. Ruth is very jealous and rather irritable during the day. When in bed in the evening, she

demands to go to the lavatory with every expression of urgency. In the bathroom, she snatches Paul's new toy which he has left lying near the tub, and tries to break it. When prevented from doing so she returns to bed sulkily.

AGGRESSIVENESS TOWARD THE ADULTS

As reported above, the children behaved with strong and uncontrolled aggression toward the adults from their arrival. This aggression was impersonal in its character, not directed against any individual and not to be taken as a sign of interest in the adult world. The children merely reacted defensively against an environment which they experienced as strange, hostile and interfering.

On arrival it was striking that the form of aggressive expression used by the children was far below that normal for their age. They used biting as a weapon, in the manner in which toddlers use it between eighteen and twenty-four months. Biting reached its peak with Peter, who would bite anybody and on all occasions when angry; it was least pronounced with Leah who showed very little aggression altogether. For several weeks John and Ruth would spit at the adults, Ruth also spitting on the table, on plates, on toys, looking at the adults in defiance. Similarly, Peter, when defying the staff, urinated into the brick box, on the slide, into the toy scullery, or wetted his knickers.

After a few weeks, the children hit and smacked the adults when angry. This happened especially on walks where they resented the restrictions imposed on them in traffic.

Shouting and noisy behavior was used deliberately as an outlet for aggression against the adults, even though the children themselves disliked the noise.

Toward spring these very infantile modes of aggressiveness gave way to the usual verbal aggressions used by children between three and four years. Instead of hitting out, the child would threaten to do so, or would say: "Naughty boy, I make noise at you," and then shout at the top of their voices. Other threats used by the children were: "Doggy bite you." Paul once used: "Froggy bite you." After a visit to Brighton in April, where Peter had been frightened of the waves, a new threat was used by them: "You go in a water." They sometimes tried to find a water so as to carry out the threat.

From the summer 1946 onward, the children used phrases copied from the adults to express disapproval: "I am not pleased with you."

The following samples of aggressive behavior are chosen from a multitude of examples of similar or identical nature during the first three months.

October 1945.—Mrs. X from the village returns the clean laundry. Both John and Peter spit at her when she enters the nursery.

October 1945.—A painter works in the nursery with a high ladder. Peter, who climbs on the ladder, is lifted down by Sister Gertrud. He spits at her and shouts: "Blöde Tante, blöder Ochs!" ["Stupid auntie, stupid fool."]

October 1945.—The painter asks John not to touch the wet paint. John spits at him, shouting: "Blöder Ochs!"

October 1945.—John hits Mrs. Clarke repeatedly.

November 1945.—Paul has eaten cabbage on two occasions but refuses it on a third. When asked by Sister Sophie to taste it at least, he shouts his usual "Blöder Ochs." When she does not react, he approaches her and says insistently: "Blöder Ochs, Sophie."

November 1945.—Paul does not like the sweet given by Sister Sophie in the evening, but does not ask for a different one. He wakes up in the night and without seeing Sister Sophie says: "Blöde Sophie." He says it again when waking up in the morning.

November 1945.—Sister Gertrud polishes shoes and tells Ruth not to play with the shoe polish. Ruth spits at her, throws the box with polish down the stairs and runs through the house, shouting: "Blöder Ochs, Gertrud."

FIRST POSITIVE RELATIONS WITH THE ADULTS

The children's first positive approaches to the adults were made on the basis of their group feelings and differed in quality from the usual demanding, possessive behavior which young children show toward their mothers or mother substitutes. The children began to insist that the members of the staff should have their turn or share; they became sensitive to their feelings, identified with their needs, and considerate of their comfort. They wanted to help the adults with their occupations and, in return, expected to be helped by them. They disliked it when any member of staff was absent and wanted to know where the adults had been and what they had done during their absence. In short, they ceased to regard the adults as outsiders, included them in their group and, as the examples show, began to treat them in some ways as they treated each other.

Sharing with the Adults

Christmas 1945.—The children are invited to a Christmas party in Mrs. Clarke's house. They receive their presents with great excitement. They are equally thrilled when they are handed presents for the staff, they call out: "For

Gertrud," "For Sophie" with great pleasure, and run back to Mrs. Clarke to fetch more presents for them.

December 1945.—When Mrs. Clarke, who has been visiting, leaves, Ruth demands to be kissed. Then all the children have to be kissed. Then John and Ruth call out: "Kiss for Sophie."

December 1945.—The children are given sweets in the shop and demand a "sweet for Sophie." After leaving the shop, they want to make sure that she has received the sweet. Sister Sophie opens her mouth for inspection and, in so doing, loses her sweet. The children are as upset as if they had lost one of their own sweets. John offers his but Sister Sophie suggests that she can wait to get another on returning home. When they reach home after an hour's walk with many distracting events, Peter runs immediately to the box of sweets to fetch one for Sophie.

Considerateness for the Adults

November 1945.—When the children are told that one of the staff has a day off and can sleep longer in the morning, they try to be quiet. If one or the other forgets, the others shout: "You quiet. Gertrud fast asleep."

November 1945.—Sister Sophie has told the children that the doctor has forbidden her to lift heavy weights. Paul asks: "Not too heavy?," whenever he sees her with a tray or bucket.

May 1946.—Leah, though a noisy child, tries hard to keep quiet when her Judith is tired.

Equality with the Adults. Helpfulness

December 1945.—The children become keen on fetching from the kitchen what is needed. They carry logs, set chairs and tables. They help to dress and undress themselves and to tidy up.

January 1946.—Ruth sees a woman with a shopping bag in the street. She approaches her and takes one handle silently to help carrying it.

April 1946.—The children are alone in the nursery after breakfast. Ruth and Peter each take a broom and sweep up the rubbish. When Sister Sophie enters, they call to her: "We tidy up nicely."

May 1946.—Miriam begins to help Sister Sophie in the kitchen when the latter is called away. When she returns Miriam has dried four big dishes, twelve bowls, sixteen spoons and has placed them tidily on a tray.

On a similar occasion Miriam is found on a chair in front of the sink, her arms up to the elbows in soapy water, with most of the washing-up done.

May 1946.—Peter sweeps the rubbish into the dustpan, wants to hang pan and broom in the broom cupboard, but cannot reach the hook. He calls: "You better help Peter, grownup toys too high."

June 1946.—The children have their busiest time after supper, while one of them is having the first bath. One helps in the kitchen, one tidies up the nursery, one the sandpit, one the push toys, one sets chairs and tables for "tomorrow morning breakfast." They enjoy doing this work alone and then call out: "You come, I show you!"

August 1946.—The children help Sister Sophie to pull dry lavender blossoms off the stems. Peter says: "You pleased we help you with the lavender. You not play alone."

Sensitiveness to Adults. Identification

March 1946.—Ruth and John lag far behind on a walk. When they reach the others eventually, Peter calls to them: "You naughty boys, you dragging behind; Sophie calling and calling and calling. You not coming, Sophie cross and sad!" Then he turns to Sister Sophie and says in a low voice: "You still cross and sad?" When she nods, he repeats his speech.

May 1946.—While the children are picking bluebells, Sister Sophie listens intently to the calling of birds. Paul suddenly puts his hand into hers and says: "You cross with everybody?" Though she assures him that she is not cross, merely absent-minded, he leaves his hand in hers to comfort her.

SECOND PHASE OF POSITIVE RELATIONS TO ADULTS.

PERSONAL RELATIONSHIPS

Several weeks after arrival in Bulldogs Bank the first signs of individual personal attachments to adults appeared, alongside with and superimposed on the relationships based on community feelings. These new attachments had many of the qualities which are well known from the relationship of young children to their mothers or mother substitutes. Attitudes such as possessiveness, the wish to be owned, exclusive clinging, appeared, but they lacked the intensity and inexorability which is one of the main characteristics of the emotional life at that age. During the year's stay at Bulldogs Bank these ties of the children to the adults in no way reached the strength of their ties to each other. The children went, as it were, through the motions and attitudes of mother relationships, but without the full libidinal cathexis of the objects whom they had chosen for the purpose.

Examples of Owning and Being Owned

Miriam was the first to say "Meine Sophie, my Sophie" at the end of October.

Peter, the youngest, was the next to show a personal attachment. At the end of November he cried on several occasions when Sister Gertrud left the room.

He began to say: "Meine Gertrud" and shortly afterward called himself "Gertrud's Peter." He picked flowers for her and liked her to bathe him. But his attachment was in no way exclusive and he did not mind being with somebody else. He was fond of Sister Sophie too and disliked her going away.

Ruth very soon afterward showed a first preference for Mrs. Clarke. She began showing pleasure in seeing her, kissed her once spontaneously and said on another occasion: "Is bin [I am] Mrs. Clarke's Ruth."

Leah was a clinging child who made advances to every visitor and even to people passing in the street. She became attached to the assistant Judith, would hold her hand on walks, picked flowers for her and sang sometimes all day long: "My Judith bathes me all the time!" But the apparent warmth of this relationship was belied by the fact that she continued to attach herself to every stranger.

John called the young assistant "his" Maureen. His attachment showed more warmth than those of the others but was broken again, unluckily, by Maureen's leaving.

Examples of Conflicting Relationships

Several children had considerable difficulties in choosing their mother substitutes, their positive feelings wavering uncertainly between the adult figures. John, after being left by Maureen, attached himself to Sister Gertrud, and shortly afterward became fond of Sister Sophie. Neither relationship was exclusive or very passionate and consequently he seemed to have no difficulties in maintaining both simultaneously. In contrast to this, Miriam, who was attached equally to Sisters Sophie and Gertrud, suffered badly from the consequent conflict of feeling. She lived in a constant state of tension without finding relief and satisfaction in her relationships. During Sister Sophie's absence, she "wrote" and dictated long letters to her and she was full of happiness on Sister Sophie's return. But the preference for Sister Sophie, which seemed established at the time, gave way once more to a preference for Sister Gertrud in the course of a few weeks.

Examples of Resentment of Separations

Even though the children's attachments to their mother substitutes took second place in their emotional lives, they deeply resented the absences or the leaving of the adults.⁸

January 1946.—Sister Sophie has left the house together with Mrs. Clarke. When she returns a few hours later, Peter refuses to say good night to her. He turns to the other side and says: "You go, you go to a Mrs. Clarke."

8. Sister Sophie had leave of absence during January and February to nurse a patient in London. Maureen left Bulldogs Bank in April 1946.

March 1946.—When Sister Sophie returned to Bulldogs Bank after an absence of two months, Peter refused to let her do anything for him for a week, would not even take bread or sweets from her. Whenever she left the house, he asked: "You go in a London?"

He regained his affection for her through a process of identification with her interests. Five weeks after her return the children played that they took a bus ride to London. When asked what they wanted to do there, Peter said: "Go in a Miss X's⁹ house." Peter saying: "Miss X all better?" From then onward, he called the patient "Peter's Miss X," cuddled and kissed Sister Sophie and held her hand on walks although the children usually preferred to walk on their own.

April 1946.—After Maureen's departure, John did not show immediately how much he missed her, though he said occasionally "my Maureen" and showed some aggressiveness toward the other children. He looked very forlorn and depressed, but gave no distinct sign what was the matter with him until twelve days after Maureen's departure. On that day he sat in his bed in the morning, did not want to dress himself, and when asked whether he wanted to be dressed, he began to cry "my Maureen." At lunch time he pulled his curls into his face as Maureen used to do sometimes. He did the same again in the evening. The following day he carried a stick while walking and hit trees, flowers, and children alternately.

During the next four weeks he showed many disturbances, took away other children's toys, and hurt the children in other ways.

Example of Full Cathexis of a Mother Substitute

The only child to choose a real mother substitute was Ruth, an exception which is easily explainable on the basis of her former attachment to the superintendent of the Children's Ward in Tereszin.¹⁰ She chose as her object Sister Gertrud, and developed toward her the same demandingness, aggressive possessiveness and wish for exclusive attention which had characterized her earlier relationship, a mixture of emotions which is well known from children in the toddler stage and at later ages from those who have gone through the experience of loss, separation, rejection and disappointments in their earliest object relationships. Ruth's lack of satisfaction and insecurity expressed itself with regard to Sister Gertrud in the constantly repeated phrase: "And Ruth? And Ruth?"

Example of a Passionate Father Relationship

The only child to form a passionate relationship to a father figure was Miriam. Since Miriam arrived in Tereszin at the age of six

9. Sister Sophie's patient.

10. See Martha Wenger's letter, p. 130.

months,¹¹ her father having been killed some time previously, it cannot be presumed that what she went through was a past father relationship transferred to a new object, rather that it was the need for a father which found a first outlet in this manner:

January 1946.—Mr. E., a neighbor, visits the Nursery for a whole afternoon and teaches the children songs. At the time, Miriam seems more interested in his picture book than in his person. But in the evening she begins to cry for him. She wakes up in the night twice and cries for him and keeps asking for him during the next two days.

March 1946.—Miriam has seen Mr. E. more often lately. He has brushed her hair once in the evening and she insists on his doing it again. On evenings when he does not come, her hair is not brushed at all since she will not allow anybody else to touch it.

She blushes whenever she sees him. About twenty times a day she says: "Meine Mr. E.—meine Sophie."

March 1946.—Mr. E. says about Miriam: "I have never seen anything like her. That girl is puffing and panting with passion."

April 1946.—The children meet the vicar in the street. Everybody says: Good morning. Miriam looks at him and says: "Not Miriam's Mr. E., another Mr. E."

Although Mr. E. left the village shortly afterward, Miriam did not forget him. Whenever she received something specially nice such as a new toy, a new frock, or found a new flower, she said: "I show Miriam's Mr. E."

She received a postcard from him once and carried it about for weeks, often inside her vest or knickers; she also took it to bed with her. When Ruth tore the card, it was mended again with elastoplast and Miriam continued to fondle it and scribble her answer on it. She continued to treasure it under her pillow when it was no more than a grubby piece of paper.

She did not seem to resent his leaving or to experience it as a rejection.

ORAL EROTISM. MASTURBATION

There was a further factor which accounted for the children's diminished capability to form new object relationships. As children for whom the object world had proved disappointing, and who had experienced the severest deprivations from the oral phase onward they had had to fall back to a large degree on their own bodies to find comfort and reassurance. Therefore oral-erotic gratifications persisted with each child in one form or another. Ruth, besides, had a habit of scratching herself rhythmically until she bled, and of smearing with the blood. One child, Paul, suffered from compulsive masturbation.

11. See chart p. 129.

Peter, Ruth, John and Leah were all inveterate thumb-suckers, Peter and Ruth noisily and incessantly during the whole day, John and Leah more moderately, gradually reducing it to bedtime only. Miriam sucked the tip of her tongue, manipulating it with her teeth until she fell asleep. With Peter, sucking changed in spring to "smoking" carried out with match sticks, twigs, grass blades, then again to sucking his thumb when cross, angry, or at bedtime only. With Ruth sucking persisted even while she was carrying out interesting activities such as threading beads or playing with plasticene.

Since the children's sucking was noisy and obvious they often heard remarks from passers-by or in shops that they should stop or that "their thumbs would be cut off." Contrary to their usual oversensitiveness they remained completely indifferent on such occasions, not even needing reassurance. Sucking was such an integral and indispensable part of their libidinal life that they had not developed any guilt feelings or conflicting attitudes concerning it.

That the excess of sucking was in direct proportion to the instability of their object relationships was confirmed at the end of the year, when the children knew that they were due to leave Bulldogs Bank and when sucking in daytime once more became very prevalent with all of them.

This persistence of oral gratifications, more or less normal under the circumstances, which fluctuated according to the children's relations with the environment, contrasted strongly with Paul's behavior, where compulsive sucking and masturbation manifested themselves as a complicated and, at the time, inaccessible symptom.¹²

Paul, in his good periods was an excellent member of the group, friendly, attentive and helpful toward children and adults, and capable of friendship as the examples on pages 135 f. show. Though not aggressive himself, he was always ready to come to another child's rescue and take up arms against an aggressor. But when he went through one of his phases of compulsive sucking or masturbating, the whole environment, including the other children, lost their significance for him. He ceased to care about them, just as he ceased to eat or play himself. He did not bother to take part in his favorite communal activities such as sorting the laundry or lighting fires. He did not defend himself, or anybody else, merely cried passively when something or somebody made him unhappy. These spells attacked him at any time of the day, while playing,

12. Paul had a previous history of excessive masturbation in Tereszin. Martha Wenger wrote about him: "Paul masturbated a great deal for long periods. We had to place his cot separately so that the other children would not notice and get excited by it."

when eating at the table, and during work. He was only free of masturbation on walks, when he sometimes sucked his thumb but otherwise showed a completely changed, cheerful and interested attitude.

In masturbating Paul used his hands, soft toys, picture books, a spoon; or rubbed himself against furniture or against other people. When sucking, his whole passion was concentrated on face flannels or towels which he sucked while they were hanging on their hooks. He also used a corner of his dungarees, of his coat and the arms of a doll, which he sucked while it was hanging from his mouth. For a period of several weeks he treated the children's used bibs or feeders as so many fetishes, rubbing them rhythmically up and down his nose while sucking, treasuring all six feeders in his arms, or pressing one or more between his legs. When on a walk, he sometimes looked forward to these ecstasies with passionate excitement, rushing into the nursery on coming home with the joyous exclamation "Feeder—feeder!" Since he was indifferent to the same feeders when they were freshly laundered, it may be concluded that his erotic excitation was connected with the smell belonging to a feeding situation.

There were further indications pointing in a similar direction. Paul was a most unreliable eater, his likes and dislikes veering around violently. For some months he touched hardly anything but starchy food and showed a disgusted expression whatever he ate. In March he enjoyed his meals for some weeks, and accepted fish, meat and beetroots in the course of a fortnight. But he would refuse some dish at one meal and eat three or four helpings of the same food at the next. He would not touch a sandwich in the morning, for instance, and ask for a seventh or eighth in the afternoon. He often cried: "More, not like it," all in one breath.

April 1946.—The children play shopping, each child "buying" a leaf as a pretend-piece of chocolate. Paul returns his: "Not like it." When Sister Sophie says: "Never mind, don't eat it," he cries: "Want it," takes it back, throws it away and then cries for it once more.

August 1946.—In a farewell letter to Mrs. Clarke, before leaving Bulldogs Bank, Paul dictates: "Dear Paul did eat carrots yesterday, not like it today, dear Paul may like carrots tomorrow."

Paul's ambivalent attitude to food extended to the mechanics of eating it. He would cry: "You help Paul!" and as soon as anybody tried to feed him, he cried: "Paul feed herself."

Whenever Paul reverted from a period of masturbation to one of sucking, he also reverted from more active to passive infantile behavior,

accompanied by renewed refusal of all but starchy food and frequent crying spells. The feeder fetish, together with these regressive spells and the ambivalence to food, may hint at the continued action of some (satisfying or distressing) experience on the oral level to which the child is fixed and which he reactivates compulsively to the overt accompaniment of an autoerotic practice.

A further connection with the feeding situation shows a change-over from the passive to the active. Though Paul could not be induced to stop masturbating for the purpose of eating (even his favorite dishes), he gave evidence that he was able to do so for the purpose of feeding other children:

November 1945.—Paul lies on the floor, masturbating. When the food appears, he stops, comes to the table and hands the bowls with porridge to his neighbors. Without eating himself (though porridge is his favorite dish at the time), he pulls his trousers down and continues to masturbate.

When the children are ready for a second helping, Paul stops again and serves them, then continues as before.

In February, Paul made three different attempts to link his autoerotic practices with object relationships, thereby, perhaps, revealing parts of the underlying fantasies. He exhibited his penis to Leah on two occasions for an undefined purpose. His intention was expressed more explicitly during the same week toward Sister Gertrud for whom he showed a vague preference at that time. When she kissed him good-night, he wanted to be fondled again and again, then pulled down his pyjamas and demanded to have his penis kissed. This wish to have the penis kissed (or sucked) may well be the fantasy linking his compulsive sucking with his masturbation.

In the same month Paul made a definite attempt to combat masturbation. Sister Gertrud, who dressed him, interrupted his masturbation. Paul who was playing with his (Miriam's) doll at the same time, said: "Dolly can do it," placed the doll's arm between its legs, moved it rhythmically and made the noises which usually accompanied his own masturbation. This action seemed to satisfy as well as relieve him from the compulsion for the day. But the relief was short-lived. A few days later, he dropped the doll in his bath and was in despair for a whole night until it was dry again. Again a few days later he lost the doll in the woods. This time he did not care, merely said "Lost it," though he had been inseparable from the same doll for ten weeks. He had evidently tried to displace masturbation onto the doll together with feelings of guilt of which he never gave manifest evidence. With the doll gone, masturbation returned in full force.

EATING HABITS

Since a child's enjoyment of food is based in the first instance on satisfying experiences in the oral phase, undisturbed by violent changes and upheavals, it was not surprising that all the six Bulldogs Bank children were bad eaters. Moreover, in Tereszin, they had been fed almost exclusively on soft, dull starchy food, with the sole exception of an occasional sweet received as comfort after a medical inspection or injection. Consequently, they were uninterested in their food, reluctant to chew and unwilling to try new tastes and dishes. On arrival and for several months afterward they refused all but starchy foods. Meat, fish, vegetables and cheese were picked out by them and thrown on the ground.

With the exception of Paul, whose ambivalence toward food expressed a deeper underlying conflict, the children acquired gradually a moderate enjoyment of new dishes. A decisive intermediate step toward this aim was the gratification of their craving for sugar which may have had physical as well as mental reasons. There is no doubt that under concentration camp rations their diet had contained an insufficient amount of sugar. Simultaneously the craving for an excessively sweet taste may have been the expression of their never-satisfied longing for oral satisfactions. In any case, a covering with sugar enabled the children to approach new foods such as raw vegetables and salads. They even put sugar on meat, fish, cheese and eggs for a period.¹³

On the other hand, mealtimes were by no means dull occasions. Though interest in food was reduced and conflicting, passionate interests were attached to apparently minor factors, such as the details of serving, sitting arrangements, the cutlery, etc.

After a first week of riotous meals, when everybody refused to sit down and cutlery and crockery were thrown about, one of the children's group attitudes came to the help of table manners. Since they were concerned that everybody should have his turn, they began to enjoy a routine of passing on plates. Any child would interrupt his meal, even a favorite dish, to pass on what his neighbor needed.

After several weeks, advances in skill came to the help of mealtimes. The children enjoyed helping themselves from the dishes and would sometimes taste new foods for the sake of this enjoyment. They were specially interested in sugaring the food on their plates themselves, an occasion where the liking for the taste of the food combined successfully with the interest in carrying out the desired activity.

13. This extra expenditure of sugar was made possible by regular gift parcels from the Foster Parents' Plan, Inc., New York.

The most passionate interest at mealtimes was attached to the spoons. Some of the spoons were marked with the Royal crest which the children called a "bicycle"; others were marked with a capital *N*, which, when held horizontally, was called an "upstairs." The most violent emotions centered around some spoons which showed nothing except some faint lines, called by the children "little things." This was the only occasion when the community attitude broke down completely and gave way to noisy quarrels, swindling and cheating. Instead of taking turns in their usual manner, any child who entered the room first would snatch a "little thing" quickly; everybody would assert that it was his or her turn, contrary to the fact. John even went so far as to secrete one of these spoons inside his clothing and then to help the others look for it everywhere in the room. That food, and even dislike of food, was to a certain degree less important emotionally than these elements was further proved by the fact that many dishes which a child refused habitually were eaten with a "little thing," such as for instance stewed fruit or milk pudding by Paul. On the other hand, certain major dislikes were not counter acted by the use of the "little things" and the foods were refused under all circumstances. (Such as greens with Paul, boiled eggs with Miriam.)

The significance of the spoons remained a puzzle until an eyewitness from Tereszin reported that in the camp spoons were the only personal possessions of children as well as adults. Each inmate had a spoon which had his initials (in the children's case their sign) scratched into the handle. Many of the bigger children used to carry their spoon around from morning to night. The "little things" therefore were for the children symbols of their otherwise forgotten past.

Since mealtimes were the setting for most word battles, and fights broke out frequently about the spoons, eating was not a peaceful process. The custom developed gradually of letting children who had been the victim of attacks by others, sit next to the adult who shared the nursery meal, a practice which fitted well with the children's initial restlessness and disinclination to sit in one place for any length of time. Meals occurred where seats were changed so often that finally no child sat in the place where he or she had begun their meal.

It is well known from other observations of children's eating habits and difficulties that, where the initial oral pleasure in food and in the gratification of hunger are disturbed, interests and conflicts are displaced to the subsidiary outward arrangements of the meal (sitting arrangements, color and form of cups, table manners, etc.).

TOILET HABITS

According to the report from Tereszin, all the children had undergone, and successfully completed, an elaborate process of toilet training while in the Ward for Motherless Children. Martha Wenger attributed the length and difficulty of this procedure, which included taking up some of the children two or three times every night, to the "watery diet." The present authors recognize this protracted battle for cleanliness as characteristic for institutional children who do not acquire bowel and bladder control on the basis of an exclusive relationship with their mothers or with a stable mother substitute. According to Martha Wenger, the six children were finally completely and reliably clean and dry during day and night from the spring of 1945 until their liberation.

It bears witness to the disturbing effect of their subsequent changes of environment that with four of the children the result of this toilet training was wholly or partially undone. As usual, there was no simple direct correspondence between the extent of emotional disturbance and the loss of cleanliness. The two most deeply disturbed children, Paul and Ruth, remained clean, without relapses, manifesting their conflicts and abnormalities through other channels. John, Leah and Peter wetted regularly at night with frequent accidents in daytime; Leah and Peter even regressed to soiling for short periods. Miriam merely lost her reliability in toilet matters and had frequent accidents.

The close connection of wetting with the relationship to the adult world was demonstrated most convincingly by Peter's behavior. He used urination quite deliberately in defense against and in defiance of the staff, and as the expression of emotions such as anger, or a feeling of frustration. Characteristically enough for children with this type of wetting, a decisive turn in his toilet habits followed a present of new trousers with braces from his American foster parents. He was very excited about this personal gift, was very careful not to wet these trousers and, on the basis of these positive feelings, reacquired his lost bladder control.

DEVIATIONS FROM THE NORM IN EGO ATTITUDES

In Tereszin, i.e., up to the ages of three to three and one half, the children had led the existence of inmates of a Ward, within a restricted space, with few or no toys, with no opportunities for moving about freely, for contact with animals, for observing nature. They had not shared or observed the lives of ordinary people and, in the absence of

strong emotional ties to the people who looked after them, they had lacked the normal incentives for imitating the adults and for identifying with them. Consequently, their knowledge of the external world, their ability to understand and to deal with it, were far below the level of their ages and of their intelligence.

Indoor and Outdoor Activities

During their first weeks in Bulldogs Bank, the children were unable to use play material. The only toys which attracted their attention from the start were the soft toys, dolls and teddy bears which were adopted as personal possessions and not so much played with as used for auto-erotic gratification¹⁴ (sucking, masturbation), or in replacement of it. All the children without exception, took their dolls or teddy bears to bed with them. When a child failed to do so in the evening, it would invariably wake up in the middle of the night, crying for the missing object.

The first play activity, which the children carried out with passionate eagerness, was the pushing of furniture, the usual favorite occupation of toddlers who have just learned to walk. They began their day in the morning with pushing chairs in the nursery and returned to this activity at intervals during the day, whenever they were free to do so. After they had learned to play in the sandpit, they used sand for the same purpose, pushing a supply of it along the whole front of the veranda by means of an inverted chair. They would revert to pushing furniture even on coming home from long walks, or when tired.

Gradual progress in their physical ability to handle objects and to manage their own possessions coincided with the growth of the children's emotional interest in the adult world. This led to the wish to "help," to share the work of the adults and, as described above,¹⁵ to fetch and carry, to set chairs and tables, etc., activities which were carried out surprisingly well. For a short while, the wish to be equal to the adults in these matters led to a frenzy of independence, as the following example shows:

In November, the children are taken for their first bus ride. The situation has been explained to them beforehand, also that the ride will be short and that they will have to get out quickly at the bus stop. They have promised to co-operate, and they leave their seats without protest at the appointed time. But when the conductor and a passenger try very kindly to help them down the steps, they push them away, and shout and scream that they want to do it alone. Finally Miriam lies on the road, her face almost blue with fury, Paul sits next to her, kicking and screaming, the others cry and sob.

14. See Paul's doll, pp. 149-150.

15. See pp. 142-144.

While such a phase of independence brought marked increases in the skill and range of the children's activities, in periods of an opposite emotional nature the advances seemed to be lost once more. In January all the children went through a phase of complete passivity, and dependence on the adults, corresponding to the change of their relationships with them from the more impersonal community feelings to warmer personal attachments. During this time they refused to do anything for themselves, wanted to be fed, dressed, etc., and did not cooperate in work. Their ambivalent attitude toward the adults, the outgoing and withdrawal of emotion toward them, was reflected in the sphere of activities by violent demands to be helped and looked after like a helpless infant, coupled with an equally violent refusal to accept the care. In such moods the children would run away from being dressed, push the tables and chairs away when they had been set for a meal, refuse to carry even their own belongings, etc.

After approximately six months stay in Bulldogs Bank, these violent upheavals gave way to more ordinary and stable modes of progress.

In March 1946 the children began to lose interest in their soft toys and took picture books to bed with them for "reading." For some time each child was content to have any book. From April onward the children demanded books in which they were particularly interested.

When Miriam received her postcard from Mr. E. and "wrote" her answer on it before going to sleep in the evening, "reading" came to an end and "writing" took its place. Several children had received letters and parcels from their American foster parents and "wrote" to them in bed. At first they used pencils indiscriminately, after a while they chose their colors. The imaginary letters written at that time dealt with matters such as Sister Sophie's absence, news about animals, flowers, etc., i.e., interests in the external world which had taken the place of the exclusive autoerotic activities of the bedtime hour.

In the second half of their year in Bulldogs Bank, the children became increasingly interested in the usual nursery school occupations. At the end of the year they had become able to concentrate on an occupation for as much as an hour. They had become able to handle scissors, pencils, paint brushes, blunt needles, and enjoyed painting, cutting out, doing puzzles and threading beads. Even then they preferred "grownup work" to nursery occupations and carried it out very efficiently.

After the beginnings, which had showed the children to be backward in their play by as much as eighteen months or two years, it was all the more impressive to watch the speed with which they passed

through consecutive stages of play activity making up for development which had been missed.¹⁶

Absence of adequate experience with consequent backwardness in understanding and behavior was even more striking outdoors than indoors. The children lacked both the city child's knowledge of traffic, shops, busy streets, etc., and the country child's familiarity with animals, trees, flowers and all types of work. They knew no animals except dogs, which were objects of terror. They did not know the name of a single plant and had never picked or handled flowers. They seemed to know no vehicles¹⁷ and were completely oblivious of the dangers of the road. Consequently their walks on the country road, through the village or the lanes and paths were exciting events during which innumerable new impressions crowded in on them.

Parallel to the speed of their development in the sphere of play, the children passed rapidly through the various stages of experience and behavior with regard to outdoor events, which are usually gone through between the ages of two and four. Their interest in animals, once awakened, was accompanied by the usual animal play, identification with animals and observation of animals.¹⁸ Interest in cars went from an initial terror of being "made too-too by a car" to a pride in being able to manage crossings, to admonish others to do so, and to distinguish between the types of car. Before they left Bulldogs Bank the children had acquired the experience normal for country children of their age. They knew most trees and practically all the common flowers by name and asked for information when meeting new specimens. They distinguished weeds from plants; they picked flowers with long stems instead of tearing their heads off as at first. They were greatly helped in making up for lost time by the interest of the village people who showed them their animals, permitted them to come into their gardens, gave them flowers, explained their tools, allowed them to look inside their

16. See in this respect the paper by Lotte Danzinger and Lieselotte Frankl (2) on the test results with Albanian infants who, according to custom, spend their first year tied down in their cradle. The authors watched some of these infants being taken out of the cradle and allowed to play with toys. While they at first appeared extremely backward in comparison with other children, they nearly caught up with them (though not completely), when they had played with the toys for some hours only. As explanation, the authors suggest that inner processes of maturation had taken place and progressed in spite of the deprivations.

See also Phyllis Greenacre's comprehensive article on "Infant Reactions to Restraint" (4).

17. With one exception to be mentioned later.

18. May 1946.—John says: "Die horsy eats grass and grass and grass, and milk comes out again."

vans or behind counters, all of it new experiences of unique importance for the children.

Retardation in Modes of Thinking

In dealing with the mass of experience which crowded in on them, the children revealed, during the first weeks, some characteristic peculiarities which are worth noting in individuals of their ages.

A first perception of an object, or the experiencing of an event, together with the naming of it, left an impression on their minds far overriding all later ones in strength and forcefulness. This was clearly demonstrated on several occasions.

A pony in the field had been introduced to the children as a donkey by mistake, and the first ducks which they met had been misnamed geese. In both cases it took several weeks to undo the wrong connection between object and word. In spite of repeated efforts at correction, the children clung to the names connected with their first image of the animal.

The first leaf shown to the children was an ivy leaf. For a whole month every green leaf was called ivy leaf.

When the children noticed a plane overhead for the first time and asked where it was going, they were told that it was going to France. "Going to France" remained a fixed attribute of every plane from then onward. During the whole year they called out: "Aeroplane going to France," whenever they heard a plane overhead.

The first time that letter writing had come into the children's lives was on the occasion of Sister Sophie's absence. All later letters, imagined or dictated by them retained the opening phrases which they had used then: "Dear Sophie in a London in a Miss X's house. Miss X all better," regardless of the fact that Sister Sophie had returned long ago and that the letters were addressed to other people.

The first English song which the children learned in Bulldogs Bank was "Bah bah black sheep." Though they learned and sang many other nursery rhymes during their stay, "Bah bah black sheep" remained in a class of its own. They would sing it when cheerful or as a treat for somebody on special occasions.

When talking of people the children would name them according to their most interesting attribute or possession, or would name these objects after them. Mrs. Clarke, for example, had two small dogs which were the first friendly dogs known to the children and played an important role in helping them to overcome their terror of dogs. In December all children called Mrs. Clarke: "Miss Clarke's doggies." Objects given by her to the children were called by the same name. A big

electric stove which came from her house was called by Peter: "Miss Clarke's doggies." Green porridge bowls given by her as a Christmas present were called Mrs. Clarke by everybody.

December 1945.—When washing up, John says: "You wash Mrs. Clarke. I dry Mrs. Clarke. Look at that, Mrs. Clarke all dry."

January 1946.—Ruth throws Peter's green bowl on the floor. Three children shout: "Mrs. Clarke kaputt, poor Mrs. Clarke all kaputt."

The examples quoted in this chapter reveal primitive modes of thinking which are shown by children in their second year of life. The overwhelming strength of a first link between an object or event and its name is characteristic for the time when children first learn to speak, or—to express it in metapsychological terms—when word representations are first added to the images (object representations) in the child's mind. The inability to distinguish between essential and non-essential attributes of an object belongs to the same age (see example of aeroplanes). Instances of naming where this is directed not to a single limited object but to a whole idea related to it (see example of "Miss Clarke's doggies") are forms of "condensation," well known from the primary processes which reveal themselves normally in dream activity, and continue in the second year of life as a mode of waking thought.¹⁹

That these infantilisms in the sphere of thinking were not based on a general mental retardation with the children under observation was borne out by their adequate, adapted reasoning and behavior in situations with which they felt familiar (such as household tasks, community affairs, etc.); that they were not merely a function of the reversal in their emotional development is suggested by the fact that they overcame them before their libidinal attachments had changed decisively. That the rapid growth of life experience brought about an equally rapid advance in the modes of dealing with it mentally, suggests rather that it was the extreme dearth of new perceptions and varied impressions in their most impressionable years which deprived the children of the opportunity to exercise their mental functions to a normal degree and consequently brought about a stunting of thought development.²⁰

19. See in this respect also H. Werner, *Comparative Psychology of Mental Development* (5, p. 58), where he describes these modes of thinking as syncretic phenomena or holophrasis. The term holophrasis is used in connection with language development especially in those cases where a sign stands for a whole related idea or series of ideas, e.g., when a child says "chair" to mean "lift me up."

20. Another instance of this arrest of development in the second year of life, though on the emotional side, concerned the children's attitude to the village people, whom they treated merely as extensions of the adults in their own house. While their

FEARS AND ANXIETIES

The children had grown up in an atmosphere laden with fear and anxiety. Tereszin was a transit camp, and though some people remained there from their arrest to the end of the Nazi regime, thousands of others, adults as well as children, passed through it on their way to the extermination camps in Poland, their stay in Tereszin lasting days, weeks or months. To be called up for further transport, which was equivalent to a death sentence, was the constant terror of the camp population, from which no inmate was exempt. Arrivals and departures took place continually, especially at nighttime. Inmates who escaped transportation themselves, lost parents, husbands, wives, and children. It was a daily happening for members of the community to disappear, not to be seen again, especially in the last year before the liberation when the camp was cleared of tens of thousands of its inmates in the course of several months. Besides, during the whole time, there was a large death roll owing to epidemics, other illnesses, weakness, and old age, and burials were the order of the day.

There were several thousand children of all ages in Tereszin who lived a comparatively protected life in packed dormitories, cared for by their own compatriots. The Ward for Motherless Children was one of these hostels. Though the workers did their best to shelter the children from the unrest and the miseries of concentration camp existence, the excitements, fears, sorrows and losses cannot but have penetrated into their nursery atmosphere. The children, and the adults who looked after them, lived together in such close proximity that there was no room for privacy. In the yard, the children met the inmates of other hostels, adults and children, and must have heard their talks. Though

aggressive behavior toward the staff was at its peak, the children also spat at the workmen in the house, kicked and pushed passers-by in the road and shouted rude remarks at everybody. When their relations with the staff had become positive, they felt extremely hurt at any lack of interest or affection from strangers. They waved at all passing cars and expected people to wave in return. It was extremely upsetting to them when people ignored their advances. Peter complained on such occasion in December: "Uncle nicht [not] nice, uncle nicht good morning, uncle a shame." Later on they shouted on such occasions: "Naughty driver did not nicht wave." A girl who had not answered their waving in spring but had laughed ironically instead was not forgotten by them for weeks after: "Silly girl, not nice, and she did not wave, she did laugh, she did." It corresponds to the typical mentality of the normal toddler to ignore the difference between strangers and members of the family, to expect the same consideration from both and to extend the same ambivalent attitudes toward both. In the normal family this attitude of the two-year-old is reinforced usually by the parents' inclination to present the most indifferent strangers to the child as "uncles" and "aunties."

they had no conscious memories of these matters, some of their attitudes seemed to bear witness to the impressions made on them.²¹

Fears Based on Memories

(a) Fear of dogs

The only animal of which the children had known in Tereszin was a watchdog which had belonged to one of the German guards and was said to have been feared by the whole population. Whether the children had actually seen or met this dog, or merely heard about it, is not known. But the fact is that all six children were terrified of dogs. They screamed, clung to the adults and went pale whenever a dog came in sight. John would turn completely white and sometimes have tears in his eyes; Ruth, Paul and Peter would tremble with fear. Once, when meeting a strange large dog on a walk, John bit his lip in his terror and thought that the dog had bitten him when it bled. In intensity this fear resembled the dog-phobias which appear so frequently in children of this age. There were, though, certain aspects of it which pointed rather to an external source of danger in the children's past, than to an internal source of anxiety in all of them, or in one of them from whom it might have spread by emotional infection to the others. The fear of dogs played no part except in the presence of the feared object; it did not prevent the children from going out into the danger zones and it was possible to overcome it by letting the children handle friendly dogs. In playing with these harmless small animals ("Miss Clarke's doggies") the children got very excited, half afraid, half enjoying the fact that the dogs were really afraid of them. They stroked them in a somewhat aggressive manner, made "noise at them," chased them, while running away themselves, all attitudes well known from children's animal play and animal fantasies. While the other children overcame the fear of dogs gradually, with Peter the dreaded dog became a symbol for inner conflicts and dangers toward which he developed a truly phobic attitude.

21. The recent analysis of another concentration camp child from Tereszin, a boy who arrived in Windermere at the age of four years six months, showed a vast extent of sadistic fantasies which merged in his mind with memories and tales overheard of soldiers, shooting, the killing of his mother and other atrocities.

A girl, who was seven and a half on arrival in Windermere described her first impressions there as follows: "Do you remember, when we came to the house, there were many people crying?" When reminded that it was only the small children among them who cried, that all the grownups were happy to greet the newcomers, she said: "I thought it is a prison and all the people inside shout and cry, because one is going to kill them. . . . You see, I have come from Germany where they put people into prison and killed them and we heard them shout and cry, I didn't know it is different in England."

(b) Fear of feathers

Another fear of similar nature which existed in the children was directed toward feathers. All the children were terrified when they saw a feather, cried with fear, turned white and trembled. Peter called out several times at night "Feder" (feather) and was found trembling with fear. When a dressing for a cut on his head had to be renewed, he cried normally at first. When it came to the point where it hurt badly, he shrieked: "Feder, Feder." Though all the evidence seemed to point to some common experience of their past, it was not possible in this instance to fill the gap in memory.

(c) Fear of the van

The children's great positive interest in traffic and vehicles of all kinds contrasted sharply with Ruth's reaction to a huge dark grey-green van which stopped at the corner of the road one day in May. Ruth stared at it terrified, turning very pale. When John, who was very interested in it, wanted to approach it, Ruth trembled, stamped her feet and screamed in horror: "John, John, du nis go near, come here quickly." She was beside herself with fear, did not listen to reassurance and the children were taken further on their walk as quickly as possible. She continued to sob for some time: "John, nis go near, Ruth stocking, Ruth so stocking!" (meaning: shocking, had a shock). On the way home she peeped round the corner carefully and said with great relief: "Nasty big van is gone." It can be assumed in this case that the van had called up a sudden memory of a gas or transport van in Tereszin, in any case of something which had been an object of terror to the adults of the camp.

(d) Fear of flying

In February Sister Gertrud told the children that she would be going to London for a day. All of them were interested, with the exception of Ruth who looked worried. John began to cry and said: "You nis go in aeroplane, aeroplane will fall down." Sister Gertrud assured him that she would go and return by bus. He cried for some time and then said: "Ich go in aeroplane yesterday—aber—aber—aber—und it made so noise—und ich cry and cry and cry all the time." Gradually the others joined in and said that they too had cried when they were in the plane yesterday. None of them could remember who else was in the plane, or any other details.

Anxieties

Apart from these fears which played a big part, the children showed the usual variety of transient individual anxieties which are the manifest expression for the underlying conflicts and difficulties normal

for their ages. There were instances of fear of darkness (Miriam), of flies (Paul), of waves (Peter), of crossing bridges, of finding fluff in the bathwater or in the food (Paul). Apart from the fear of dogs, there was no fear of big animals, horses, cows, pigs, etc. Surprisingly enough, these common forms of anxiety were not more noticeable and widespread than with children who grow up under normal conditions; they were, if anything, less in evidence.

It remains an unanswered question why the atmosphere of anxiety and terror in which the children had spent their first years, had not predisposed them to more violent anxiety states of their own. Infants and young children are, as we know, deeply affected by their mothers' conscious and unconscious fears and anxieties. The explanation may be that these young infants, though they lived in closest proximity with their adult guardians, did not have the intimate emotional contact with them which provides the path for the contagion of feeling between mother and child. Perhaps the fact that they had never known peaceful surroundings rendered them more indifferent to the horrors happening around them.²² A further possible explanation may be connected with the fact that the children possessed strong defenses against anxiety in their close relationship to each other which acted as reassurance and protection. This latter point is borne out by the fact that they became insecure and anxious as soon as they were separated from each other.

A better answer to this question will, the authors hope, be provided in time by the future analysis of these children or others who have undergone experiences of this nature.

LANGUAGE PROBLEMS

While passing through the phases of development as described above, the children had the added task of learning a new language, a necessity which made adaptation more difficult since it rendered them inarticulate in the transition period. They talked German on arrival, mixed with Czech which they had picked up after leaving Tereszin. Ruth's mixture of German and Czech was especially difficult to understand. The members of the staff began to talk English in front of the children and with them after a week and ceased talking German altogether after approximately seven weeks.

Surprisingly enough, there was no violent refusal on the part of

22. See an example from October 1945. Miriam finds Ruth's bed empty in the morning. Ruth has been taken to another room during the night so as not to upset the others with her crying. When asked where Ruth has gone to, she shrugs her shoulders, turns up her hands in a typically Jewish gesture and says: "Tot" ("Dead").

the children to adopt the new language. The only outbursts of this kind came from Paul. In October, while repeating English words, which he liked to do, he became furious suddenly: "Is nicht motor car, is Auto, blöde Tante!" "Nicht good morning Paul, guten Morgen Paul!" On the other hand, Paul was the first to realize that the new language was essential to make contact with the village people. At the time when the other children still looked unhappy and withdrawn, he attracted everybody's attention by a very pleasant smile. People smiled and waved at him, though he could only say "hallo" in answer. His first English sentence was spoken in a deliberate effort to make contact:

In December, the children passed one of the cottages whose owner came to the gate and gave flowers to them. Paul said: "Flowers," after some thinking "Lovely flowers," and then "Many lovely flowers, thank you!" The woman was so pleased that she kissed him.

John and Peter followed Paul in using their English words to draw attention to themselves, and soon used more English than German nouns. In a transitional phase they used composite nouns, made up of both languages, such as "auto-car," "doggy-Hund," "dolly-Puppe," "Löffel-spoon," etc. The girls, who were worse speakers altogether, followed much more slowly. The first adjectives and adverbs were used from the fifth week after beginning.

It was of evident concern to the children that the difference in their speed of learning English caused differences between them where there had been unity before. Many of their word battles centered around these points, as the following examples show:

December (at mealtime).—

Leah: "Brot."

Ruth: "Is bread."

Leah: "Brot."

Ruth (half crying): "Nis Brot, is bread."

Leah (shouting): "Brot."

Ruth (crying): "Is bread."

Paul: "Is bread, blöder Ochs Leah."

John: "Is nis blöder Ochs."

Paul (shouting): "Is blöder Ochs John."

John (screaming): "Is nis blöder Ochs."

Sister Sophie: "Don't cry, nobody is a blöder Ochs."

Paul (as loud as possible): "Blöder Ochs du, blöder Ochs Sophie."

John: "Sophie is nis blöder Ochs."

Peter (all smiles): "Nis blöder Ochs Sophie."

Paul: "Is hau dich" (turns against Peter).

Peter: "Please bread."

Paul gets bread for Peter and passes it to him.

For a long time the children clung to the German negation *nicht* (which must have played an overwhelmingly great part in their restricted lives). For some weeks in spring it was used together with its English counterpart as "not-nicht," before it was finally dropped.

The only German word which the children retained throughout the year was *meine* (my). Although the children knew and used the English equivalent, they would revert to the German *meine* when very affectionate: "Meine Gertrud," "Meine dolly."

By August the last German words, with this single exception, had disappeared, though the understanding of the German language as such had ceased much earlier. When a visitor talked German to the children in April, they laughed as if at a joke. In May, a German prisoner of war talked German to Ruth who looked completely blank. In June another visitor who knew the children from Windermere talked German to them; there was absolutely no reaction.

With the adaptation to the new language the children had made a further decisive step toward the break with their past, which now disappeared completely from their consciousness.²⁴

CONCLUSION

"Experiments" of this kind, which are provided by fate, lack the satisfying neatness and circumscription of an artificial setup. It is difficult, or impossible, to distinguish the action of the variables from each other, as is demonstrated in our case by the intermingled effects of three main factors: the absence of a mother or parent relationship; the abundance of community influence; and the reduced amount of gratification of all needs, from the oral stage onward. It is, of course, impossible to vary the experiment. In our case, further, it proved impossible to obtain knowledge of all the factors which have influenced development. There remained dark periods in the life of each child, and guesswork, conclusions and inferences had to be used to fill the gaps.

Under such circumstances, no claim to exactitude can be made

conversation between the children was overheard in the evening. Peter: "Peter auch [also] little hole, Paul auch little hole, John auch little hole, Miriam auch little hole." John: "Miriam nis little hole, Miriam aber, aber, aber nur [only] little bit bigger hole."

A fortnight later Miriam has to urinate on a walk. John looks at her and says: "Girls can't do lulu, only big job." When told that they can do it very well, he thinks a bit and then says: "Well, they can do lulu with big job."

24. A year and a half later, when asked by somebody how he ever got to Windermere, Peter replied: "One does not get there, everybody is borned there."

for the material which is presented here and it offers no basis for statistical considerations. Though an experiment staged by fate, in the sense that it accentuates the action of certain factors in the child's life (demonstrated through their absence or their exaggerated presence), it has little or nothing to offer to the experimental psychologist. What it helps to do is to create impressions which either confirm or refute the analyst's assumptions concerning infantile development—impressions which can be tested and in their turn confirmed or rejected in detailed analytic work with single individuals.

According to the results of child analysis and reconstruction from the analyses of adults, the child's relationship to his brothers and sisters is subordinated to his relationship to the parents, is, in fact, a function of it. Siblings are normally accessories to the parents, the relations to them being governed by attitudes of rivalry, envy, jealousy, and competition for the love of the parents. Aggression, which is inhibited toward the parents, is expressed freely toward brothers and sisters; sexual wishes, which cannot become manifest in the oedipal relationship, are lived out, passively or actively, with elder or younger brothers and sisters. The underlying relationship with siblings is thus a negative one (dating from infancy when all siblings were merely rivals for the mother's love), with an overlay of positive feelings when siblings are used for the discharge of libidinal trends deflected from the parents. Where the relations between the children of one family become finally manifestly positive, they do so according to the principles of group formation, on the basis of their common identification with the parents. The rival brother is tolerated as belonging to the mother; in special cases²⁵ the rival brother even becomes an object of identification as the mother's favorite. The child's first approach to the idea of justice is made during these developments of the brother-sister relationship, when the claim to be favored oneself is changed to the demand that no one should be favored, i.e., that there should be equal rights for everybody. Since contemporaries outside the family are treated like the siblings, these first relationships to the brothers and sisters become important factors in determining the individual's social attitudes.

It is well in line with these views when our material shows that the relations of the Bulldogs Bank children to each other were totally different from ordinary sibling attitudes. The children were without parents in the fullest sense of the word, i.e., not merely orphaned at the time of observation, but most of them without an early mother or father image in their unconscious minds to which their earliest libidinal strivings might have been attached. Consequently, their companions of the

25. —which lead to later homosexual attitudes—

same age were their real love objects and their libidinal relations with them of a direct nature, not merely the products of laborious reaction formation and defenses against hostility. This explains why the feelings of the six children toward each other show a warmth and spontaneity which is unheard of in ordinary relations between young contemporaries.

It merely bears out this theory to find that attachments to a mother figure in single instances disturb these positive relations, such as in Ruth's case. Or when John, in his mourning for Maureen, turned against his companions and began to hurt them. In these instances the positive libidinal attachment was directed toward the adult; the other children were thereby changed from the position of friends and love objects to that of enemies and rivals.

When working with the children of the Hampstead Nurseries (3), one of the authors has described certain attitudes of helpfulness, co-operation, identification and friendship which appeared in a group of toddlers (between fifteen months and two and one half years of age) who had been temporarily deprived of their mothers' care. The six Bulldogs Bank children, as the observations prove, show these attitudes in excess, the quantitative difference between them and the Hampstead Nursery group corresponding to the difference between total and partial absence of a parent relationship.

The high degree of identification with each other's needs is known from one other relationship in early years, that of identical twins to each other. In a recent study of the subject Dorothy Burlingham (1) demonstrates the emotional importance of twins to each other, the way in which the twin is treated as an extension of the self, cathected with narcissistic as well as object love. Identification with the twin prospers on the basis of common needs, common anxieties, common wishes, in short, on the similar reactions of two beings of the same age living in close proximity under the same external conditions. While in the case of twins the twin relationship conflicts with and has to adapt itself to the parent relationship, the attitude to the companion within our age group of orphans reigned supreme.

That the children were able to attach their libido to their companions and the group as such, bypassing as it were the parent relationship which is the normal way to social attitudes, deserves interest in relation to certain analytic assumptions. In recent analytic work the experiences of the first year of life, the importance of the relationship to the mother during the oral phase and the linking of these experiences with the beginnings of ego development have assumed great significance. Explorations in these directions have led to the belief, held by many authors, that every disturbance of the mother relationship during this

vital phase is invariably a pathogenic factor of specific value. Grave defects in ego development, lack or loss of speech in the first years, withdrawness, apathy, self-destructive attitudes, psychotic manifestations, have all been ascribed to the so-called "rejection" by the mother, a comprehensive term which includes every disturbance within the mother relationship from loss of the mother through death, permanent or temporary separation, cruel or neglectful treatment, down to lack of understanding, ambivalence, preoccupation or lack of warmth on the mother's part.

The six Bulldogs Bank children are, without doubt, "rejected" infants in this sense of the term. They were deprived of mother love, oral satisfactions, stability in their relationships and their surroundings. They were passed from one hand to another during their first year, lived in an age group instead of a family during their second and third year, and were uprooted again three times during their fourth year. A description of the anomalies which this fate produced in their emotional life and of the retardations in certain ego attitudes²⁶ is contained in the material. The children were hypersensitive, restless, aggressive, difficult to handle. They showed a heightened autoerotism and some of them the beginning of neurotic symptoms. But they were neither deficient, delinquent nor psychotic. They had found an alternative placement for their libido and, on the strength of this, had mastered some of their anxieties, and developed social attitudes. That they were able to acquire a new language in the midst of their upheavals, bears witness to a basically unharmed contact with their environment.

The authors hope that further contact with these children, or those of similar experience, will give indications as to how such emotional anomalies of early life influence the shaping of the oedipus phase, superego development, adolescence and the chances for a normal adult love life.

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26. —though much of these have to be ascribed to the additional material deprivations—

THE PROBLEM OF NEUROTIC MANIFESTATIONS IN CHILDREN OF PREOEDIPAL AGE

By M. WULFF, M.D. (Tel-Aviv)*

The neurotic phenomena manifested by children of preoedipal age present problems which have not yet been definitely clarified in the psychoanalytic literature. It has not yet been decided whether we are permitted to speak of the neurotic manifestations, exhibited in the period of life between one and four years, in the same sense as we do of the neuroses of adults; i.e., whether we are to conceive of them as definite, well-defined clinical syndromes, although there is no doubt that even at this young age we can observe the most variegated neurotic symptoms which in their manifest form closely resemble adult neuroses. Freud states of his little phobic patient that he is not the only child who, during one period of childhood, suffered from phobias (3). Such diseases are known to be very frequent even in children whose upbringing leaves little to wish for as far as strictness is concerned. These children either become neurotic at a later age or they remain healthy. Their phobias are screamed down in the nurseries, because they are inaccessible to treatment and certainly extremely inconvenient (3).

Elsewhere Freud made the following remark about the neurotic manifestations of childhood: "The order in which the principal forms of neurosis are customarily ranked, namely—hysteria, obsessional neurosis, paranoia, dementia praecox—corresponds (if not quite exactly) to the order of incidence of these diseases from childhood onward. Hysterical manifestations may be observed already in early childhood; the first symptoms of obsessional neurosis usually declare themselves in the second period of childhood (from six to eight years of age); whilst the other two psychoneuroses, which I have coupled under the joint designation paraphrenia, first appear after puberty and during adult life" (4, p. 123).

In the meantime, the development of the technique of play analysis has increased the number of published case histories of analyzed neuroses of children, and our conception of the neurotic manifestations of the preoedipal phase must be integrated with our new experiences. By now

*Translated by Lottie M. Maury.

there cannot be any doubt that already at a very early age, beginning with the first year of life, phobic, hysterical and compulsive-neurotic symptoms occur which in their clinical picture resemble to a large extent the neuroses of adults. Thus the question arises: How should we view these decidedly pathological manifestations of the infantile psyche? Must we regard them as fully evolved, definite psychopathological entities, like in adults? And, secondly, how are the pathological manifestations of this early age related to the fully developed forms of adult neuroses?

I shall start with those psychopathological manifestations of young children which are best known, most accessible to observation, but also most widespread—namely, with the phobias—and will give an illustration of a case in which this disease occurred at a very early age.

PHOBIAS AND HYSTERIA

The child's parents were educated people, who had had no contact with psychoanalysis. The mother had completed college; the father was an instructor of biology at an agricultural university. I emphasize these circumstances in order to stress the parents' training in observation and the reliability of their report. One day the child had the opportunity to observe the parents during intercourse. She slept in a room adjoining the parents' bedroom, apparently woke up and crept, without being noticed, into the parents' bedroom. She was noticed by them only when, sitting by the parents' bed, she produced strange sounds. The parents were struck by the facial expression of the child. The features were tense, the eyes wide open, the face showed the expression of fascinated fright. The father carried the child back into her room and put her to bed, where she broke out into loud crying and screaming.

The parents had a big police dog in whom the little girl showed great interest and whom she usually greeted with great joy, producing certain specific sounds. From the day on which the aforementioned event occurred, the child began to display great fear of the dog; she whined and struggled whenever she saw it.

The family lived in a building of the university which was situated about an hour's train ride from the nearest town. Shortly after the event described above, both parents had to go to town and took the child along. When they boarded the train the baby was asleep but she soon woke up and started to whimper. The father bent down over the child, who was lying on the seat, to find out what was the matter with her. At that moment the child began to cry loudly. She screamed and whined in the same way as she had recently done at the sight of the dog, and uttered the same sounds by which she used to call the dog. It was evident that the child identified the father with the dog.

The origin of the child's dog phobia is clear. The little girl experienced strong fear of the father at the sight of the primal scene and then

displaced the anxiety onto the dog. It is doubtful, however, whether the father's personality or the specific cause of the traumatizing fright experience are of special meaning in this case and represent general preconditions for the development of phobias at this age. Observations of other cases of phobias at an early age show that the traumatic fright experience is displaced onto one or several objects, leading to the formation of phobias which can completely resemble the typical phobias of later age, although no inner psychic conflict can be discovered. The structure of the phobia can therefore be a very simple one. Essentially it consists in the displacement of anxiety related to one particular object, event, situation or other objects, exactly as in adults.

It is well known that anxiety hysteria as well as other hysterical manifestations are exceedingly frequent in early childhood. Prof. T. Simson, director of the Children's Station and Out-Patient Clinic of the Psychiatric University Clinic in Moscow, who has a vast experience concerning ten thousands of such cases, writes: "All these aforementioned monosymptoms of hysterical genesis can occur at an early age in all children, literally without exception. . . . In the majority of cases hysterical symptoms were present at the age of one and a half to four years." She describes hysterical manifestations which are as manifold and variegated as in adults: *opisthotomus (arc de circle)*, all sorts of conversion symptoms, clouding of consciousness, and complete loss of consciousness, agitated hysterical spells, etc. All these manifestations occur as reactions to certain frustrations and shattering upsets in the stability of the environment. They either subside gradually or remain as stable formations, developing into genuine hysteria later on. However, how are we to understand these symptoms of a hysterical nature in infants from the viewpoint of psychoanalytic theory, which states that hysterical symptoms are the result of an experience that has been repressed from consciousness?

Anna Freud states correctly (2, p. 55): "Repression consists in the withholding or expulsion of an idea or affect from the conscious ego. It is meaningless to speak of repression where the ego is still merged with the id." However, precisely this circumstance—namely, the undifferentiated state of id and ego—possibly contains an explanation of the hysterical phenomena in early childhood. In this undifferentiated state, the system consciousness is not fully developed and the ties to reality are weak. The high intensity of cathexes of the conscious with its regulating discharge of excitation is lacking, and the stimuli reaching the psychic apparatus spread according to the principle of the primary process with the corresponding mechanisms of condensation, displacement, symbolism, etc. Briefly, in the entire psychic apparatus conditions

prevail which in many respects resemble those that exist in the unconscious of the adult. One could say that the conditions prevailing in the entire psychic apparatus of the child are very similar to those of the adult hysteric's unconscious with its repressed psychic contents. Ferenczi compares the conditions in hysteria to the dream, and states: "This signifies [in the case of hysterical phenomena] a topographical regression to a depth in the psychic apparatus at which states of excitation are no longer disposed of by means of a mental cathexis—even if only hallucinatory—but simply by a motor discharge. Chronologically this region of the mind corresponds to a very primitive onto- and phylogenetic stage of development,¹ in which adaptation was not yet achieved by a modification of the outer world but by modifications of the individual's own body. In discussions about questions of evolution, we are in the habit of calling this primitive stage, with Freud, the autoplasmic in contradistinction to the later alloplastic one" (1, p. 97).

However, there is an essential difference between the hysterical phenomena of the young child and the hysteria of the adult. Prof. Simson underlines a characteristic quality of these phenomena in the young child, namely, that in the majority of cases they consist in monosymptomatic manifestations. In other words, they do not represent fully developed, complex pathological syndromes but immediate, individual reactions of a hysterical nature to specific traumatic situations or external events. These manifestations are directly related to such experiences and dreams and evoked only by these.

Instead of giving many illustrations, I will choose one of the most common and best-known manifestations in young children, namely, eating disturbances. The child refuses his food. Every possible attempt is made to induce the child to eat, but without any success. The person in charge of the child finally loses his patience and resorts to disciplinary methods. The child is punished, spanked and forcibly fed. He reacts with anxiety and rage, temper tantrums, fits of screaming and struggling (including *arc de circle*), with evident disgust and vomiting. Thus the child develops a whole complex of affective reactions and conversion symptoms—but they are activated only by feeding, or the sight, and occasionally the smell, of food. These symptoms certainly resemble the corresponding hysterical symptoms in adults but they differ in one essential respect: in the adult this entire symptom complex is not confined to eating but may be evoked by various experiences which have nothing whatsoever to do with food intake. If sensible pedagogical methods are employed, these manifestations in children either gradually

1. Therefore hysteria is a ubiquitous phenomenon among primitive peoples, and the above-mentioned fact also makes possible epidemics of hysteria.—M.W.

subside or they can be retained, in some form, and reappear at a later age as hysterical symptoms with certain modifications. The conditions which determine this latter event will be discussed below.

OBSESSIONAL NEUROSIS

Similar conditions exist in respect to the obsessional neurosis. In *The Psychoanalysis of Children*, Melanie Klein states (p. 227): ". . . even quite young children frequently exhibit symptoms of a distinctly obsessional type, and there exist infantile neuroses in which a true obsessional neurosis already dominates the picture." Elsewhere (10, pp. 226-227) she elaborates: "At first glance it would seem that this idea that certain elements of obsessional neurosis play an important role in the clinical picture presented by infantile neurosis is at variance with what Freud has said concerning the starting-point of obsessional neurosis. Nevertheless, I believe that the disagreement can be explained away in one important point at least. It is true that according to my findings the origins of obsessional neurosis lie in the first period of childhood; but the isolated obsessional traits which emerge in that period are not organized into that whole which we regard as an obsessional neurosis until the second period of childhood, that is, until the beginning of the latency period. The accepted theory is that fixations at the anal-sadistic stage do not come into force as factors in obsessional neurosis until later on, as a result of a regression to them. My view is that the true point of departure for obsessional neurosis—the point at which the child develops obsessional symptoms and obsessional mechanisms—is situated in that period of life which is governed by the later anal stage.² The fact that this early obsessional illness presents a somewhat different picture from the later full-blown obsessional neurosis is understandable if we recollect that it is not until later, in the latency period, that the more mature ego, with its altered relationship to reality, sets to work to elaborate and synthesize those obsessional features which have been active since early childhood."

The infantile obsessional symptoms are, according to Melanie Klein, obsessional-compulsive reactions of the infantile superego "to conquer the psychotic anxiety of the earliest layers." In contrast to Freud, who states that the erection of the superego replaces the oedipus complex which becomes extinguished, the superego being its heir (7), Melanie Klein claims that the beginning of the oedipus conflict and the superego development take place under the supremacy of the pregenital strivings, and that the superego develops along simple and straight

2. That is, already *before* the anal stage.—M.W.

lines. Therefore, the objects introjected during the oral-sadistic phase—the first objects and identifications—already constitute the beginning superego (10).

The compulsive manifestations in early childhood are thus, according to Melanie Klein, reactions of an infantile superego to the young child's anxiety stemming from the suppression of oral and anal aggression.

Without wanting to take up the much-disputed question of such an early superego development, I wish to refer to a case which I published in 1927 (11). It is the case of a one-and-a-half-year-old child with phobic and compulsive symptoms, which were described in the following way: "At the same time the child produced something like compulsive cleanliness. When playing, she always tidied the room and cleaned the floor, etc. As soon as she noticed a scrap of paper, a crumb or a thread on the floor, she had to pick it up immediately and throw it in the wastepaper basket, etc." All these neurotic manifestations developed in connection with toilet training. I proceeded experimentally by inducing the father to relax all demands and rules concerning cleanliness, and to explain to the child that she was still too young always to be completely clean; that all little children were dirty and would be clean when they grew up, etc. My advice was followed and after a few days the child was free of symptoms and calmed down completely.

The outcome of this experiment proves that the anxiety which led to the formation of symptoms developed in connection with external events—the authoritative prohibitions and demands of the parents—it did not stem from inner psychic conflicts. We must regard these compulsive manifestations of the young child as early and very strong ego reactions by which an ego, still weak and little developed, tries to cope with the demands of reality, namely, by attempting to identify itself with the parents or their substitutes. Freud apparently assumed that these early ego reactions and identifications constituted a specific disposition to obsessional neurosis: "I do not know if it will seem too daring if I assume from the clues at our disposal that a premature advance of the ego-development ahead of the libido-development contributes to the obsessional disposition. Precocious development of this kind on the part of the ego-instincts would necessitate the formation of object-choice before the sexual function had reached its final configuration and would thus leave a legacy of fixation at the pregenital stage of sexual organization. When we take into consideration that, in order to protect object-love from the hostility which lurks behind it, the obsessional neurotic is compelled to build up an overconscientious system of ultra-morality, one feels inclined to go a step further and regard a certain degree of precocious ego-development as characteristic of human

nature in general and to trace the capacity for morality to the circumstance that, developmentally, hate is the forerunner of love" (4, p. 131).

Unfortunately little is known about ego development at this early age between one and three years. There is no indication that the child has a concept of his self; he refers to himself only in the third person, calling himself by his given name. On the other hand, it is noteworthy that already at the beginning of the second year the child has a clear concept of "belonging to me," correctly applies the concept of "my," and precisely distinguishes "my own" from "not mine"—the mother being the first and most significant "my own." This feeling of "belonging to me," which Abraham assumed in the child with respect to the mother's breast, seems to spread to the first object—the mother—and this feeling must be regarded as constituting the nucleus of the feeling of self and the concept of "my" as the first approximation to the concept of self.

This feeling of "belonging to me," which obviously represents anal cathexis of objects, is even more closely connected with another feeling, namely, with the well-known jealousy of the young child which involves in the first place the mother but can later be displaced onto any other object.

Freud traced the origin of jealousy to "the oedipus or siblings complex of the first sexual period" and assumed its roots to be, on the one hand, in the narcissistic injuries and the feelings of inferiority connected with them, and on the other hand, in repressed homosexuality (6). This concept of the origin of jealousy, however, cannot explain the violent and clear outbreaks of this emotion already at the end of the first year. This early jealousy of the child is intimately related to the early feeling of "belonging to me" and to anal cathexes, i.e., the desire to possess. It is not limited to genital sexuality and genital possession of or rivalry with other objects. In cases of severe obsessional neurosis, this form of jealousy can directly be observed in anal regression. These patients suffer severely from outbreaks of their jealousy, which does not always manifest itself in relation to a rival, but often lacks this clear genital-sexual character, and expresses itself rather in relation to close relatives, various acquaintances and even strangers, and even more frequently in the area of professional activities or unimportant interests of the individual. This form of jealousy is often connected with violent rage, sadistic outbreaks, the desire to chase the object away, to throw it away, to make it disappear or to destroy it. Precisely the same manifestations of sadistic rage can be observed in the young child, during the preoedipal phase, in connection with his jealousy. I shall come back to the further development of this emotion. Here I only wish to add that in those cases, in

which jealousy leads to assaults upon the love object, we are probably dealing with a regression to this old, anal form of jealousy; whereas in cases in which the assault is committed upon the rival, the later oedipal form of jealousy is present.

Coming back to our main theme, I should like to point out that this early form of relationship—the feeling toward the self in relation to the object—connected with the feeling of “belonging to me,” results in a strong fear of losing the object and thus induces the ego to exert the greatest efforts in complying with the demands and prohibitions of the object, particularly those pertaining to training of cleanliness and orderliness and to conquering the archaic anal drives. In this process, the compulsive-neurotic mechanism of reversal is activated, thus creating the early infantile compulsive manifestations. We might possibly regard this “anal” jealousy, the strongly developed concept of “my” and the possessive feeling directed mainly to the mother, as the precipitating cause for a premature ego development and for the ego’s premature object choice, to which Freud (in the above-mentioned quotation) attributed the development of obsessional neurosis.

However, how shall we conceive of all these neurotic manifestations in the young child? Shall we regard them as definite, fully developed pathological syndromes or as more or less accidental formations which belong to the area of developmental disturbances?

From a strictly clinical viewpoint many cases resemble the corresponding adult neuroses to such an extent that, formally, we could not object to applying this concept to these infantile manifestations, particularly since it would be justified also from a therapeutic viewpoint. Many cases require psychoanalytic treatment in order to prevent complications and aggravations of the condition. From a theoretical viewpoint, however, the differences are so weighty that it might be more correct not to speak of neurosis in these cases. First, all these neurotic phenomena have a different psychological structure. The inner conflict between instinctual drives and the superego, leading to symptom formation in the adult, does not exist in the young child, in whom the symptom represents a reaction of the ego to a conflict between instinctual drive and an external authority. This statement has been clearly borne out by the fact that appropriate educational methods suffice to eliminate the neurotic manifestations of not too severe a nature. Moreover, these neurotic phenomena are not stable and have no rigidly developed structure. They undergo only a very short development, or almost none at all, and give the impression of occasional and unconnected reactions to specific external influences and stimuli, and not of organized psychic

formations as the symptoms of adults do. Finally, they are essentially constitutional psychic and psychobiological mechanisms of the primitive, immature psychic apparatus, in which ego and id are still undifferentiated and in which primary and secondary processes still exist side by side or intermingle. Furthermore, they can be discovered in the development of every normal child; if they assume an exaggerated pathological form in some cases, interfering with the progress of psychological development, we may attribute this, on the one hand, to mistakes in upbringing and, on the other hand, possibly even to a larger degree, to congenital and constitutional characteristics and qualities.

To clarify the further vicissitudes of these infantile, neurotic manifestations, I shall, for the sake of comparison, use Freud's paper on "A Child Is Being Beaten," which is subtitled "A Contribution to the Study of the Origin of Sexual Perversions." There we read: ". . . whenever we find a sexual aberration in adults—perversion, fetishism, inversion—we are justified in expecting that anamnestic investigation will reveal some experience in the nature of a fixation in childhood. Indeed, long before the days of psycho-analysis, observers like Binet were able to trace the strange sexual aberrations of maturity back to similar impressions and to precisely the same period of childhood, namely, the fifth or sixth year. But at this point the inquiry was brought up against the limitations of our knowledge; for the impressions that brought about the fixation were without any traumatic force. They were for the most part commonplace and unexciting to other people. It was impossible to say why the sexual impulse had undergone fixation particularly upon them. It was possible, however, to look for their significance in the fact that they provided an opportunity of fixation (even though it was an accidental one) for precisely that sexual component which was prematurely developed and was ready to spring forward" (5, pp. 175-176).

"The most obvious result of such a discussion is its application to the origin of the perversions. The view which brought into the foreground in this connection the constitutional reinforcement or premature growth of a single sexual component is not shaken, indeed; but it is seen not to comprise the whole truth. The perversion is no longer an isolated fact in the child's sexual life, but falls into its place among the typical, not to say normal, processes of development which are familiar to us. It is brought into relation with the child's incestuous object-love, with its Oedipus-complex. It first comes into prominence in the sphere of this complex, and after the complex has broken down it remains over, often quite by itself, the inheritor of its charge of libido, and weighed down by the sense of guilt that was attached to it. The abnormal sexual

constitution, finally, has shown its strength by forcing the Oedipus-complex into a particular direction, and by compelling it to leave an unusual residue behind.

"A perversion in childhood, as is well known, can become the basis for the construction of a perversion having a similar sense and persisting throughout life, one which consumes the subject's whole sexual life. On the other hand the perversion can be broken off and remain in the background of a normal sexual development, from which, however, it continues to withdraw a certain amount of energy" (5, p. 187).³

We can completely apply Freud's statements on the sadistic component drive at this age to the phenomena in question. They too "can be broken off and remain in the background of a normal sexual development, from which, however, they continue to withdraw a certain amount of energy." Or they "can become the basis for the construction of a *neurosis* [instead of "perversion"] having a similar sense and persisting throughout life, one which consumes the subject's whole sexual life"—in any event, strongly interferes with it. The many cases of neurosis in childhood during the preoedipal phase prove this point. They re-emerge in connection with the oedipus complex and form the so-called "nucleus of neurosis" which can be responsible for the outbreak of a neurosis in the postoedipal period or later in puberty, or even still later in connection with some frustration imposed by external reality or under the impact of traumatizing experiences. The parallel between neurosis and perversion thus becomes complete.

At the same time, the difference between sadomasochistic perversion and obsessional neurosis becomes clearer. Both are characterized by the element of compulsiveness, in both something is imposed on the ego against which the ego tries to defend itself to a larger or lesser degree, but always unsuccessfully. However, the difference lies in the fact that the pathogenic experience causes the drives to impinge themselves upon an immature ego which is still in the process of development and not yet fully differentiated from the id; whereas in the obsessional neurosis this experience is imposed by an external authority to which the ego submits helplessly, weak by virtue of its strong anal cathexes. Later, after the passing of the oedipus complex, the external authority is represented by the severe superego, which replaces it. In both cases the ego shows itself weak vis-à-vis the constitutional anal-sadistic drives. The only

3. What Freud proved concerning masochism in the above-quoted paper, I proved regards fetishism in a paper on fetishistic manifestations in children of preoedipal age (12), namely, that fetishistic phenomena manifested during the earliest preoedipal phase later fuse with the incestuous objects of the oedipus complex. Here then follows Freud's paper on "Fetishism" (8).

difference lies in the fact that in the neurosis the purely anal component prevails, and in the perversion, the sadistic component. This, however, brings to light the second constitutional difference between neurosis and perversion. If, in accordance with Abraham, one subdivides the anal-sadistic phase into an anal-libidinal and an anal-sadistic, he may state that in obsessional neurosis fixation and the subsequent regression pertain to the later anal-libidinal phase and in perversion to the earlier anal-sadistic phase.

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RESPIRATORY INCORPORATION AND THE PHALLIC PHASE

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A little boy of four years played with a feather imprisoned between his cupped hands. He opened his hands, waited for the light summer breeze to take it away, joyfully recaptured it and began to play over. Occasionally he helped Mother Nature by blowing on it himself. The child played in this way, teasing the feather into recurrent activity for several moments; then turning to his mother he said with comical infantile sagacity, "Do you see what I've got here, Mummy? It is a devil, and it is going way way through the air and it's going into Midge's mouth and then she will be a devil!" Midge was his eight-months-old sister. This makes us think of the broken bits of glass which got into Kay's eyes in the Andersen fairy tale of the Snow Queen. This child was a wistful, precocious little boy, who until the birth of his sister had been the sole focus of the love and attention of both parents, perhaps the more so in that they had had to travel much and the endearing child was the pivot of all home activities to them. He was now distinctly at the phallic phase, interested in his organ, of which he was proud. When he drew pictures of people he put a small penis where the legs joined the head, even though he omitted the body. He had undoubtedly heard some talk of church, God and the devil from his religious grandmother, and distinctly placed God in the airy medium of the sky. When someone remarked that something smelled to high heaven, he asked in surprised tones, "Do you mean God?" He was clearly fascinated by movement, and seeking explanations. "Look at that!" he said to his father with intense curiosity, pointing to his own little penis in a state of partial erection when he arose in the morning, as though he had not seen it before. He watched the trees, the clouds, the flowers as they bent in the breeze. "Are they alive?", he would ask. "What makes them move?" This had gone on for some months, and at the time of the feather incident he was well aware that an imperceptible force, the wind, God or the devil, gave apparent life of movement and activity and took it away again. In his pretty feather fantasy he was certainly enacting his own hostile feelings toward the intruding Midge, feelings which he loosed, recaptured,

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reloosed, etc., before finally letting them gently forth to invade the unsuspecting Midge. At other times he blamed the wind for his own misdemeanors; when he knocked down a small table and its contents he offered the grave excuse, "The wind blowed it." It was clear that the wind was the spirit, the breath, the unseen force of life for good or evil, and on its way to taking a place in the constellation of the conscience. As might be expected, this same child was fascinated by his own voice, and that of others, especially by singing, and by the sounds and sensations of flatus, clearly evident when, if he passed flatus, it was not easy for him always to tell whether he had begun to pass a bowel movement or whether this was only air. The flatus was, as it were, the ghost or spirit of the stool. It is quite possible that our little boy would have liked to blow his little sister away or back where she came from.

This reminds us of an old story about the late Chauncey Depew and the late Mr. William Howard Taft. Mr. Depew was a slender man and Mr. Taft a conspicuously obese one. Mr. Depew when introducing Mr. Taft at a banquet referred to Mr. Taft's wisdom and foresight in many matters, and concluded his remarks with the pleasantry of referring to Mr. Taft as "the pregnant Mr. Taft," whereupon Mr. Taft replied that he thanked Mr. Depew for his appreciation of his (Mr. Taft's) creativeness, and wished to say that if the child was a girl he would certainly name her for the revered Jane Addams, and if the baby turned out to be a boy he would name him for the honorable Theodore Roosevelt, but if, as he suspected, it turned out to be merely hot air, he would call it Chauncey Depew. The story may not be literally true, yet it is a good and valid one.

A clinical excerpt from the case of a severely sick patient illustrated a pathological version of our little boy's experiences. On an extremely hot day in summer, some nine to ten months after she had first consulted me, this young woman came into my office, quietly lay down on the couch, but before she could speak burst into the most extreme sobbing. Shaking with terror, she pointed in the direction of a pedestal electric fan which was so placed that it would circulate air freely over the couch; she burst out "I don't know why but I seem to feel you are insulting me, and I can't stand it." Her terror was so intense that I turned the fan off at once and only said that since it bothered her so much there was no point in our using it, and that I only hoped that some time we would learn why this fan had frightened and insulted her so. There were certain things in this young woman's history which naturally gave me some clues as to the source of her terror, but I was not to get the detailed story for many months, and only then pieced together through many bits of analytic work.

This patient had come to me in an acute state of panic late in September of the previous fall. Her disturbance was so severe that I had thought at first that she must be hospitalized, but as she had made an immediate clutching rapport with me and was a valuable woman still carrying on her work in spite of overwhelming symptoms, I decided to keep her and work with her as long as I felt her hold with me was sufficient to protect her from the intensity of her own pressures. The story at this time was briefly as follows: she had suffered marked anxiety without apparent cause in the summer and fall of the year before she consulted me. Her elderly parents had both suffered mishaps: the mother had had a very mild cerebral accident, with a brief facial palsy which had cleared up completely after a few days, and in August, just before I saw her, the father had cut his finger rather severely on an electric revolving saw while working in his basement shop. The patient had been at hand and had helped in both accidents, and had been shaken and anxious afterward. She was an overconscientious unmarried woman, a cautious rather than an aggressive spinster, docile, unable to bear any show of hostility in herself or others, and I naturally saw at once that her panic was due to the enormous aggression and castration guilt which was aroused in her; and she herself very soon realized that the revolving blades of the fan had reminded her of the electric saw which had injured her father. That the air played a part, however, I was sure, because of certain symptoms: she was pathologically sensitive to the slightest change in timbre of voice, was fantastically aware of odors, and like a dog could often tell which of several patients had preceded her in the room. Then there were certain elements in her history: she had had minor panics between the anxieties accompanying the accidents to her parents and her coming to me on the 23rd of September: she had been especially distressed over a labor organization which was increasing its membership in the offices where she worked, and on Labor Day itself she had had a severe panic with depersonalization feelings while walking from her office downtown to the Pennsylvania Railroad Station. She had first been seized with terror and unreality feeling on noticing the bridge of the Metropolitan Life Insurance Co., had pulled herself together and continued uptown only to have an intense recurrence when she saw the same sort of bridge at Gimbel's store. She had seen both of these many times before, but on this particular day they reduced her to a state of terror. Her birthday was on the 21st of March, and this, together with the fact that there had the year previously been a panic late in September, and that now her culminating anxiety had reached its extreme at the 21st to 22nd of September, led me to hypothesize that

she made some cosmic identifications in which the wind and air played a conspicuous part. More will be said of this case later.

The thesis which I would present, to which the foregoing clinical anecdotes are an introduction, is this: That the phallic phase (especially when there has been an early overly strong oral stage), existing as it does between and merging with the anal and the genital (oedipal) phases, has certain characteristic contributions to symptom formation and to the superego which is in process of crystallization; it is a period of autogenous genital stimulation, and with or without masturbation—with or without earlier marked awareness of the genitals—it is characterized by a sense of inner power contributed by the inherent positive genital sensations—a sense of genital life especially exaggerated by its contrast with the profound oral receptive or incorporative influences of the early months; an expansion of vitality without corresponding material, corporeal visible change. The oedipal attachment already in process of formation gets a new element of positive aggressive pleasure. Whereas the earlier stages of libido development have been definitely attached to developing and concrete visible shifts in the dominance of body drives and their gratification and mastery, the phallic phase is characterized by an increment in body sensation and a sense of new force—a reinforcement of positive identity. This is not accompanied by any special mastery to be accomplished, but rather of expansion and anticipation, in the sense of life.²

Because of its special relation to and overlapping with the anal phase, this period favors certain preoccupations with death as well as with life. The regular giving up of the stool, the acceptance of the consignment of a part of the body to a watery grave leads inevitably to ideas of death. Especially is this contrasted to the stirring phallic im-

2. The story of the Snow Queen tells of these same forces in the following excerpt: After the grandmother had compared the snow flakes to white bees swarming, the children Kay and Gerda asked if there was a Snow Queen as well as a Queen Bee. "Yes, indeed," said the grandmother, "she flies where the swarm is thickest. She is the biggest of them all, and she never remains on the ground. She always flies up again to the sky. Many a winter's night she flies through the streets and then the ice freezes on the window panes into wonderful patterns like flowers."—"Can the Snow Queen come in here?" asked the little girl. "Just let her come," said the boy, "and I will put her on the stove where she will melt."—In the evening when little Kay was at home and half undressed, he crept up onto the chair by the window and peeped out of the little hole. A few snowflakes were falling, and one of these, the biggest, remained on the edge of the window box. It grew bigger and bigger, till it became the figure of a woman dressed in finest white gauze, which appeared to be made of millions of starry flakes.—Still she was alive; her eyes shone like two bright stars and there was no rest or peace in them. She nodded to the window and waved her hand. The little boy was frightened and jumped down off his chair. Then he fancied that a big bird flew past the window. Two days later the thaw came, and after that the spring and flowers.

pulses. Naturally the idea of death will be colored by the child's actual encounter with it, but there is rather uniformly a need to distinguish between what is living and what is dead—whether on the basis of motion, growth, or the attitude of adults of interest or abandonment. The stool is dead, is killed, is relinquished. This, together with the force of the muscle control and the magic power (to offend) of the discarded feces adds to the lively phallic or clitoral stirrings and gives increased sense of power over life and death. Preoccupation with killing and being killed follows regularly, influenced naturally by whatever the child's own experience with death has been: Is it lack of movement? Is that which lies quietly dead? Is it bloodiness, violence, mangling?

Time and space have become appreciable factors in experience. The child no longer moves by crawling or by merely horizontal walking, but jumps and skips and becomes aware of the birds that fly.

The sense of smell is still important. Contact through speech is well established and mediated through the air. Looking is through the air. Past events can be recalled and there is a definite awareness of memory and of thought. The image is now important, as well as the direct experience. Thus, although the child may still eagerly confuse fact and fancy through the intensity of his wishes, still it is not generally so. He has come to know the representation of the object when it is not there. He even becomes capable of simple lying, and regularly goes through some stage of infantile philosophizing, about the thing and its airy representation.

As part of the concern about what produces motion, and so what lives and what dies, the enigma of passive motion arises, and gradually the awareness of the breeze and of the wind, which is so closely related to the blowing out of the own breath. The secondary meanings of inspiration and of expiration are very significant. The air that is drawn in and makes one feel light, buoyant and powerful is the inspiration; that which is thrown out to be abandoned, lost in all the other airs of the world—that is expiration. It is something like an airy representation of the stool. Especially at this time the child may become entranced with his own flatus. Here definitely is a ghostly representation of the object. From the body sensations alone, it may not be easy for the little one to detect the difference between the flatus and the stool, and he shows surprise and pleasure in passing flatus. At this time too there is quite regularly an interest in the motes to be seen in a sunbeam, in the casting of beams of light, and in the activity and change of shadows. It is not to be indicated that these interests are limited to this period; they have certainly existed in some degree back into the second year. But they have now a certain speculative and conceptual value to the

child. Freed from the greatest intensity of concern with his own body excretory functions, he is ordinarily infatuated with the *mysteries* of his surroundings as well as their objective existence. To a certain extent this period picks up the positive and negative hallucinations of the first and second years—but cannot use this capacity so immediately since time and space are now to be dealt with also. I believe, however, that many of the experiences of the first to second year of life may receive a special further elaboration at this time: Under ordinary conditions it is a kind of fore stage for the formation of ideals, which will become so essential in the solution of the oedipal disappointment. Under unusual conditions this phase may contribute special attributes to the later character structure, with a special emphasis on the uncanny, the weird, the sense of telepathy and the predilection to religiosity.

CASE HISTORY

The patient whose concern with the breeze has already been mentioned has repaid me generously for long work with her through her contribution to my awareness and understanding of these problems. As I first knew her she was thirty-five years old and in an acute panic. She felt, however, that she had probably never been very easy or relaxed since her childhood, perhaps never at all. Five years earlier she had been through a few months of depression, when, living away from home, she became lonely, felt she could not keep her apartment clean, and avoided having any guests. This state had followed the marriage of the young woman who had shared the apartment with her and the termination on her part of a mild friendship with a young man. She felt she had rescued herself from her loneliness by becoming an air-raid warden, a job which brought enforced contact with others, especially strangers.

In the present era of disturbance the initial events, in addition to those mentioned, had had to do with the birth and care of babies. The mother's stroke had followed her going to be present at the birth of the first child of the patient's brother, B., sixteen months younger than herself. A few weeks later the patient got into an especially tense state over the plight of an unmarried mother who must place her baby for adoption. She suffered a panicky claustrophobia, felt periodically as though she were losing her senses; felt inefficient, then worked compulsively in what she called "a spiral of intensity." This culminated in her fainting while traveling in an airplane attempting to work at the same time. On this trip she had also stopped to see her brother, D., (incidentally an air-pilot) who was five years older than she. She had not been really friendly toward him since childhood and had been inwardly hostile and critical when he married after a premarital affair during which his fiancée feared she was pregnant. Just before the acute anxiety which brought her for treatment she had been irritable, unforgiving and self-accusatory in regard to this brother's oldest child, who had visited during the summer.

The first hours of her treatment were characterized by an extraordinary break-through of old memories. She could not say how deeply these had been repressed—some she seemed to have “completely forgotten,” others she “just had not thought of for years”—she brought these out with great shame, rather as though she were in an intense struggle to get rid of stored-up, disgusting things. These consisted of sexual interests and experiences conspicuously belonging to the oedipal and pubertal epochs of her life.

At four and a half there was a noteworthy event, when she had undressed with a little boy in the bushes near the church, and having stripped first, was quite nude when his mother suddenly appeared, grabbed her and whisked her across the street before dressing her hurriedly and taking her home. She could not recall the end of this experience, only that the woman was rough and she recalled especially her long brown “stiff” stockings and being humiliated that these were put on for her instead of her being allowed to do it herself. She also recalled being hot with frustration and shame, and that the coolness of the breeze on her skin had been soothing. The memory of this experience had never been completely banished. She remembered the humiliation as a continual warning to herself, probably in accord with the kind of superego which was already forming in her. (It appeared later in the analysis that this memory was retained also as a screen to another one, concerning her older brother, which was tenaciously hidden.) Each year she congratulated herself on being farther away in time from this unholy episode. Only the intense bodily desire of the experience, later expressed in erotic exposure to air, and the equally intense curiosity concerning the boy's genital and excretory apparatus, represented in the brown stockings of the memory,³ were missing and were re-enacted in fantasies and experiments with cousins during summer vacations of the latency years.

It is interesting that after the initial telling of this incident in the fourth hour of her analysis and repeating it a day or two later, the patient did not mention it again until exactly nine months later. Then she developed a laryngitis with hoarseness, fever and general malaise. On her return to treatment after a short absence, she remarked that it was just nine months since she had begun treatment, commented that she felt changes in herself, a new hope and a sense of a new outlook on life. She then referred again to the incident with the little boy at four and one-half but followed it now with an account of masturbation fantasies derived from it, but now visualized as though she were the onlooker and not the main active character: a delicate young woman on a pirate ship whom the pirate captain would undress and attack, “though of course she was willing.” Another fantasy would be of a woman nude and out-of-doors, wicked and licentious, attacked by a mythological creature like the sun-god.

Almost at the same time as the undressing experience, for she could never be

3. As was shown later in the analysis, this was clearly also a representation of her earlier reactions to unusually severe toilet training when her stool was taken away, rather than, like the stockings, forcibly given back to her.

sure which had occurred first, she had been sleeping in a twin bed in the room with her mother when the father had entered. "He gave me the impression of a strange being, an It. He got into bed with my mother. I heard some heavy breathing, and there was an atmosphere of struggle—then He or It got up and went away again. I did not brood over it, but it seemed strange, and all this took place without any words." The It creature thus reappeared as the exalted mythological sun-god, and the two events were brought together. At thirteen, a few months before the onset of menstruation, she had a kind of love affair with her dog, fantasied about his being human and talking to her, and attempted mutual genital play with him. When he failed to co-operate she felt humiliated and disgraced, even in the sight of the dog. Later on in her twenties when she was very lonely she spent her last cent for a sheep dog, who seemed a combination of this puberty airedale and her early blanket fetish.

The patient was unusually aware of the erotic nature of her early attachment to her father which had been transformed into extreme embarrassment at puberty. It was in fact her overconsciousness of this attachment and the peculiar extent of the expression of it that constituted some of the clearly pathological elements in her present state. Thus she would not touch her father's clothing, as "that seemed too personal," and was angry when as part of her household duties she had to handle his underwear, or even if the laundress hung his night clothes next to hers on the line. She knew in a quite clear yet inadequate way that this had a sexual meaning to her, but nonetheless there was something very close to a magic in the intercourse of the clothing, through the laundry, and her awareness of the sexual meaning of her phobias only reinforced rather than diminished their intensity; they took on a delusional force.

She was not nearly so aware of the nature of her reactions to her brothers or the intensity of her attachments to them. She had had a number of fantasy attachments to high school and college boys, obviously patterned after the brothers, but was unresponsive or frightened at a direct approach. A young minister held her attention for a time, and again a singer, whom she described as "a young man of unusual presence, with a wild, no supernatural or ethereal—no I guess I mean strange and exotic manner."

This girl had a history of prolonged fetishism: an early hanging on to a blanket and putting her face into it was supplanted in the post-oedipal period by a fetishistic attachment to a stick or a stone. These were lucky pieces of great magic value, so that she had been definitely anxious if they were taken away from her; and especially she could not be persuaded to leave home without one. This fetishism lasted from five to nine, when it went into eclipse under a special airy wave of interest in the heavens, the sky, the stars, etc., but recurred again for a short time at fourteen, after the onset of menstruation. Then she especially carried stones to church with her.

This patient accepted no sexuality whatsoever when she gave her superego a say in her attitudes; yet she was in a continual and almost constant struggle with her erotic masturbatory, genital and pregenital impulses and drives, which she expressed seemingly in every part of her

body and clothing, detached and depersonalized yet vivid, or projected in the transference. She spoke of her body impulses directly and precisely, using the dignity of exact language in the service of warding off emotion from the subject she was mentioning. Thus she spoke of her body parts as though they were detached and personalized acquaintances or children being greeted by their proper names.⁴ In reporting masturbation she might say: "My clitoris aroused me because it was awake and wanted to be rubbed," or "My hand felt that it wanted to touch," etc. Similarly, in speaking of the incident of undressing at four and one-half, she always referred to "my experience with Sylvester Ebenezer Wilson, Jr." I had at first thought this a sly defensive humor, but soon realized that it was her way of encapsulating the experience with dignity, perhaps comparable to her clinging to the fetishistic stone.

The expression of bisexual interest was also strikingly apparent in her dress. At first she frequently wore, on alternate occasions, two hats which were identical except in color. They were brimless hats of "pill box" shape, but came to a slight point at the center of the crown where there was a button as decoration. One was of a brown beige and the other a grey beige color. These predominantly represented breasts, sometimes testicles; and individually, penises. (She dreamed frequently of pairs or twins, usually almost alike but not quite.) She frequently wore a kind of chiffon scarf, which quite clearly represented the foreskin or the labia in her fantasies. Sometimes her clothing representing body parts appeared, very slightly disguised, in her dreams, and she was continually having to make choices and renunciations.

The first dream, several days after the beginning of the analysis, was as follows:

I had a terrific need to get some relief. I got into a tub to use water. I had on some brown beads but just ripped them off and got in.

This dream initiated her telling me of her masturbation, which had occurred since puberty, by dripping water on her clitoris while bathing. It was not regarded as a problem, "only as a fact"; she told also of her experience with the dog at thirteen, which she thought she had not recalled in the intervening twenty-two years. "But it came back as soon as I began to talk." She spoke of the incident with the little boy at four and a half (but this time did not mention the brown stockings), and she told of her depression at thirty when she felt utterly unable to keep her apartment clean. She spoke of having been bathed with her younger

4. A few homely childish words crept into her vocabulary. The genitals had been called "the bridge," and the stools were called *getchens*, a corruption of *dejections*, the old English word used by her *prim father*.

brother until seven or eight, of the difference between his genitals and her father's, her fear of subway exhibitionists, of a movie called the Ten Commandments seen at ten which "showed how to break them all—the Children of Israel looking lustful while waiting for Moses, and a man feeling a woman's breast." Toward the end of this single hour she spoke of both her brothers, of a homosexual experience at twenty-two, and of her friendship with the male church singer, who offended her by bringing her flowers, but especially by his poor physique: "he was short, homely, colorless, wore glasses, had a poor complexion, had an excellent tenor voice and drove a car upholstered in royal blue." The almost explosive catharsis of this hour, with its atmosphere of voluptuous religiosity—probably sedately represented in the brown (rosary-like) beads—was striking.

During the first year of her analysis she poured out quantities of dreams, mostly vivid, frequently in color, and often quite stark in their open symbolism, which she understood in a kind of detached profitless way, and seemed under a compulsion to repeat. (I regarded this as representing her resentful submission to her very early, strict toilet training). A few months after beginning treatment, she brought a dream, which anticipated the visit of her younger brother's wife and child:

I was in a second story kitchen. At my left and in front were a beige colored hat or beret, gloves to match and a white scarf. I was supposed to choose either the scarf or the cap and gloves. Also still in the same place, someone suggested that I was entitled to have natural gas pumped into the kitchen as a facility. This privilege seemed to represent an indemnity that was owed me by some one like a Prince. But it wasn't clear what all that was to be used for—it really didn't seem a valuable or useful privilege.

The kitchen *was* a kitchen but without visible appurtenances of a kitchen; it reminded her of her brother D.'s third floor apartment immediately after his marriage, the apartment in which his first child (whose troublesome visit had preceded her initial panic) had been born. On her visit there, her sister-in-law had remarked that the patient's father, although deaf, could hear when he wanted to; also she herself had overheard the sexual activity of her brother and sister-in-law, and this had reminded her of her parents at five. She did have a beige beret in high school and gloves to match, and her mother almost always wore beige gloves; but the white scarf belonged to the patient and to her alone—her mother had never worn anything like that at all. (In subsequent associations the white scarf was foreskin and wedding veil and external labia.) For the natural gas, she had an image of a pipe coming up like a drain pipe in reverse, the arrangement did not seem a good one

for the natural gas, as the pipe did not make good connections at either end. The Prince suggested her older (disliked) brother D., and in some vague way she was sure he owed her a recompense for something he had done. It seemed perhaps the gas might come in a different form, but whoever was telling her about it never told in what other form it might be. Her older cousin had recently told her that in childhood she had idealized D., but it was hard for her to believe this, although she had tried to think of him and his wife as an ideal couple when they first married; and he still was trying to put up a smooth line of talk about himself. She thought all in all the natural gas was the hot air of talk.

It seems quite plain in this dream that her excitement at seeing the little daughter of the other brother aroused memories of the older brother, the handsome one, whom she had idealized and distrusted, and whose oldest son had annoyed her so in the weeks before her breakdown. The pumping of the natural gas, which is clearly the devaluated pretentious talk along a smooth line (and probably of the analyst) represents the ambivalent hope of intercourse similar to what she had overheard with her parents and with this brother and his wife, as well as the reclaiming in gaseous form of the lost stool-penis. But the incident for which the brother owed her indemnity was, as we were to learn definitely late in the analysis, his flaunting his genitals before her in a teasing way early in their childhood, and even urinating and masturbating in her presence. It was clearly portrayed, however, in the dream of the following day, of which only a part is quoted:

D. and I were on a sailing ship. (She had actually traveled to Europe with her younger brother B.) We were talking about a girl who stood near the rail, and we talked about the way she had arrived at her marriage—I was on an upper bridge of a gunboat in the night. . . . A dark blue night with stars. As it passed down the bay, the gunboat was shooting upward into the sky silently. A state of war was on; anything might happen. The gunboat was aimed at atom bombs and was trying to hit them while they were still in the sky.

But at this time she gave no associations, bypassing this part of the dream altogether.

A striking characteristic of this patient was the precision of her unconscious sense of time. Exactly a year later the patient brought the following dream:

A raft of children came to see about buying our canoe. None of the adults knew what the price should be or what the original price had been. D. had something written on a scrap of paper—torn from a newspaper but with lines on it—giving his private accounts from long ago. It was square

shaped. He was facing me and holding it low, so I would not see it. Then he showed it to adults—so they would know.

Next I was talking to Uncle Jack, and had in my hand a softish fish and banged him in the right eye with it. He was not offended and I was surprised at myself.

I discovered that I had a double. There had been an air warden's class that I should have attended but had not. Lillian insisted she had seen me there. I then realized that I had a double and felt like a smarty.

Here we can recognize at once the ship is reduced to the size of a canoe. The accounts still have to be straightened or "squared" according to the dream. The paper appears in place of the sail of the earlier dream. (This appearance of the square or oblong form or paper appeared repeatedly in her dreams. Only much later did she bring associations of oblong sheets of paper with obscene drawings on them or dirty words. In one dream, where "the edges of two oblongs came together," she associated this with the fly of the trousers.) The upper bridge with the gunboat seem now represented by the question of the air raid. There is presented the whole idea of a lie or an illusion in the double, which here also includes the question of breasts rather than illusory penis. The patient brought the associations that they had indeed had a canoe in which she and two little girl cousins went paddling in childhood. The fish was like a dried or stuffed fish that her uncle had high on the wall of his camp, only now it had become soft and round like a big muffin. It hit Uncle Jack in the eye, as though it made him look at something. "About D., it sounds like his hiding an exposure. I seemed to know so very definitely that I was not supposed to see it." (I remarked that she made uncle see something—the muffin—while denying that she herself had seen the private accounts of D.) She then continued that her friend Lillian suggested me; she thought her voice had the same kind of intensity. Recently she had been very much troubled by varying intensity in my voice, sometimes it seemed compelling to her, like Lillian's saying she had seen her. She then went on to give an account of various trivial spying activities in my household, accomplished when she had gone to the bathroom in my apartment, thus verifying the theme of what she had seen. About the double, she said only that as an air-raid warden she had been permitted to go around at night opening doors and turning lights on and off. When I remarked "and looking," she added quite serenely, "It *would* be pleasant to have a double" (10). While the scopophilic elements in the dream were those most emphasized by the patient and interpreted at this time, the illusory self, the misrepresentation through this, and the wish to establish superiority by having two (breasts) and hit the uncle in the eye the way D. had done

with her is very clear. The main focus of the dream had referred to a prepuberty period (nine or ten) when she had spent the summer at Uncle Jack's with much surreptitious peeking at the boys, and open looking at each other's genitals by the three girl cousins. The devaluation of D.'s genital to a stool, hidden behind the square of the private accounts (possibly also representing toilet paper) and her aggression toward it are also obvious.

The next few days brought further amplifications of these themes, and then suddenly uncovered a whole period in the patient's life which she had never talked about in the analysis, although she was not conscious of deliberately withholding it. This was introduced through a dream about an analytic hour, in which through what I said to her she realized that I already knew about her elaborate fantasies of childhood. It was a characteristic way for her to divulge things, i.e., with the sense that I had already almost read her thoughts; and indeed there were times in which this idea presented itself strongly to her almost as a conviction; at other times it seemed that her withholding was like a lie.

This was a period of disturbance which had caused her to be taken out of school and tutored at home between nine and thirteen. What was divulged in her dream were fantasies she had indulged in that people carried on a battle of colors, engaged in armies of colors, that each army changed the other's color by touching, like a game of tag, or by spray or by spilling or "by anything else that might come off of them." Also that I realized that this had begun in infancy when she and her younger brother, B., had been bathed consistently in the same tub and the spray had influenced them both, so that they were so close that they were really the same flesh and blood. So much for the introductory dream.

This period of illness could not be accepted as such in retrospect by the patient. After the informative dream, she told me only that she had been withdrawn from school because the red-haired teacher had punished the whole class of pupils by making them sit with their hands behind them, and that her parents took her out of school because they disapproved of this punishment. She did not believe that she had been nervous or upset by the punishment and saw nothing strange in the fact that she had remained at home on this account for nearly four years—she regarded it only as a statement of fact. There were other fantasies, too, which she now recalled, from the same period: one was an image of an enormous reptile which opened its mouth and another reptile was inside that and another inside that, etc., *ad infinitum*; a third was of a huge apartment house alive with people, the apartment house itself having a somewhat phallic body form (like the Russian dolls); a fourth was of being inspected, as she lay in bed, by bad creatures who came and

hovered over her, waiting for an excuse for an attack, which could only be warded off by complete immobility.

On Hallowe'en of the same year she had gone into a panic at a children's party when, believing an evil spirit was in the hall, she insisted on having the light on, and the door open "for ventilation." On awakening in the morning she thought she saw her mother materializing out of steam escaping from a radiator and taking the form of a witch. At other times she thought an It creature was lurking at the end of the hall. After each new admission she would repeat her fantasies in the transference with a temporary delusional force. She thought that I suddenly changed size, grew thinner and fatter. Her own body parts again became detached and assumed independent personalities. She was oversensitive to my voice, and developed hoarseness herself, explaining that "her larynx wanted it that way." She weighed herself from day to day; and was anxious because her brother B.'s young daughter was sleeping in the same room with the parents. On hearing that I was to read a paper at a meeting, she decided to attend, then became anxious lest I should be quite literally exposed before the entire audience. Actually in the auditorium she was able to see that I did have my clothes on, but the clothes took over elements of the body. She saw me as wearing a brown hat with something sticking straight out in front and this frightened her so much and she felt so embarrassed in my behalf that she left the meeting shaking. It also seemed to her that I looked voluptuous and not quite myself.

At different times throughout the analysis it developed that the battle of the colors and other fantasies had existed since the age of five or so, and gradually faded during early adolescence. They were coincident in time with her stone fetishism. She believed that she had some visual difficulty which had been discovered also about the age of nine, and had then been cured with glasses. It was startling, however, that her myopia had been exposed when her mother noted that the patient, on meeting an elderly man on the street, referred to him as a little girl. It was a very long time before she could understand that this was due to misinterpretation and not to myopia. Other symptoms similarly as they emerged from her amnesia, nearly always by direct presentation in dreams, were obviously denials, reversals or undos of more positive symptoms. She recalled having written hymns on the sidewalk in front of the house, so that people would see them and have good thoughts. When I suggested that she might previously have seen other words there, she was sure she had never heard such words, but was amazed soon afterward to see the very words written in various places, almost as though I were magically convincing her.

During the period out of school, she had managed to keep up with her class and even make up an extra grade at school, in spite of the fact that she could not sit still for more than a few minutes at a time; and to relieve her tension would run out into the garden, where she swung back and forth, as high as possible into the leafy trees, talked to the clouds, built fairy houses, communed with the sun, or whispered to the flowers. She read omnivorously, mostly the standard children's classics, myths and fairy tales, and the Bobbsy Twin Books. At one time when she was trying to understand this period of her life she had the following dream, during a brief attack of laryngitis:

I wanted to go to a certain high place to hear "the Voices"—a super-human phenomenon which existed. But it seemed too much of an undertaking, and meant climbing up and then staying over night. Father did not want me to go. Still he suggested my wearing a grey bathing suit which would not be spoiled by the rain. But I found old stained brown corduroy clothes, different from anything I have ever had. We drove out on Long Island. B. and his girl were in the car. Mother was in the back seat driving. I don't know which seat I was on. We got out beyond civilization, on a rough and rutted road. Finally we got out and saw this massive mystical tower rising, like a Shangri-la phenomenon. There was mist around it, but it was square in shape. We climbed up further but did not hear the unearthly voices. We heard a clock strike or the bells of a clock ring. The feeling about the voices is indescribable. I had a yearning to hear them, but still it was frightening.

B.'s girl friend suggested a girl with a boyish haircut, but otherwise femininely attractive whom her brother had briefly loved during his college days. The *tower* was like an ancient thing, a Greek oracle, also the tower of Babel. Its shape was Babylonian. The London conference failed because people could not understand each other. The tower also looked a little like the Chrysler Building in different weathers and a haze (obviously the penis). *Climbing up* means growing up, and understanding adults. Father's reluctance—he tries to avoid understanding things. The girl, not the mother, seemed to be driving the car—patient was not sure really which it was, nor where she herself was in it. Anyway, the girl disappeared—she was probably only a friend and not a sweetheart of B.'s, perhaps the patient herself. *The voices themselves?* She could say little—my voice, the analytic work. The clock suggested the clock of the Metropolitan Life Insurance tower which she hears strike often (and it was the bridge at the Metropolitan Life Building which played a part in her early panic). Although the patient was not ready to see it at this time, this represents so clearly the attempt at spiritualization of her masturbatory drives and the intense phallic

worship accompanying it. From associations at other times I was inclined to think that the striking of the clock represented clitoral stirring like the ticking of the clock in the dream of Freud's female paranoid patient (4). It is interesting in this connection that later in her life the patient developed a compulsive playing of the piano, ending in improvisations during which she felt uneasy and "in too much communication" if her father came near her.

This patient presented many other picturesque variations of the basic themes. But to return to the problem of the fan which had produced the minor panic in my office, early in the analysis; between two and three years after this panic the memory of this incident was again brought out by the patient. In answering her I remarked that she was probably referring to the time she had been frightened by the pedestal fan at the foot of the couch. To my surprise she became quite angry, and said that the fan certainly had not been at the foot of the couch and had not been a pedestal fan but a table fan which was at the head of the couch. I remembered the incident quite clearly, and had some notes about it also; but she was adamant in her anger, became tearful and said it almost made her feel that she could not continue to work with me if I could not remember details more clearly and was going to make mistakes and mis-statements of this kind. I indicated that there had been a table fan at the head of the couch at a later date, but the original offending one was on a pedestal and she had been frightened and had later referred to seeing the blades which had reminded her of her father's saw. This, too, she denied, emphatically and emotionally, saying she did not *see* the fan at all, but had only heard it and it was clearly at her head and only the noise had disturbed her. Again it was weeks before the fan reappeared. Only then could I get her to see that the very emotionality of her denial indicated some great need to defend herself against admitting this sight. What ultimately developed was that it was the pedestal of the fan that had reminded her so of the intolerable sight of the penis, and that the whirring at her head was not only a displacement upward, but the noise of the primal scene in the dark, and the whirring in the head which these early experiences produced, associated also with the mother's stroke, which occurred so close in time to the father's accident with the saw before her major panic.

Another version of these experiences, fusing eating, smelling and breathing together, and the wish to touch fused with the wish to see appeared in a particularly distorted dream at the end of the second year of treatment.

A little boy, vaguely in our dining room, a fair-haired, blue-eyed boy, my brother or my nephew (i.e., D.'s son) was eating chocolate. Father said

he should not eat it but could have it as a back log. Then he put his thumb and index finger on either side of the little boy's windpipe to make him choke it up. . . . Mother said, "I will give him this for a back log," and hurled something into his mouth in a way that it went straight up into his nasal passages. I saw that this was dangerous, and I shook him in such a way as to dislodge it. It fell out, and I saw it was a pair of eyes with part of the bridge of the nose between (which reminds me at once of dolls' eyes). It was bad of mother to throw that that way.

Here she thought the child was about four years old and the father looked like her brother D.; that the child although a boy made her think of a neighbor child whose name was the same as mine, and whom she had recently dreamed was going to be put in a cast for a long time. Also that the *eyes* further suggested fish eyes and roe, or seminal fluid. In the Eskimo Twin books which she had read in childhood the twins considered fish eyes an especial delicacy . . . The back log, it seemed ludicrous and farfetched she said, but it suggested stool. (And then suddenly) "Isn't it a sporren that the Highlander wears hanging down in front?" Her beadwork thing (cf. the beads of the first dream) was in that position, a little low for the navel and a little high for the pubic hair.

In this dream there is seen a state of apparent confusion, in which everything is glued to everything else, subject and object are not differentiated, and the function is also represented by the organ; while the dream itself is pervaded by a sense of violence. Such dreams occurred quite frequently premenstrually, and in this instance the menstrual period was reported the next day. It appears that under the impact of the castration anxiety of the approaching menstruation there was re-aroused the infantile state of panic associated with the main infantile traumas, the allusions to which are quite decipherable in the associations to the dream, the content of which is so conglomerated.

Much later a dream pronouncement of the patient's preparation to admit her aggressive sadistic wishes toward the phallus was as follows and occurred the day before her birthday.

I stood with some freshly sliced pieces of a man beside me. I had done the slicing and tried to escape. I passed someone who was looking for the man. I realized that it was going to become evident what I had done. I thought the simplest thing was to admit it directly. So I did. I thought it would take the person a little time to come to and realize that what I said was true.

First it may be noted that although this is an introducing or informative dream, she is here preparing to accept responsibility herself and is

no longer confusing herself with others including me, as in the last dream given, but is prepared to make her own deposition. The associations began with the fact that she and her father had recently had liver for lunch and she had felt badly that entire week end. She had watched the butcher slice the liver. The atmosphere of the dream was one of intense reality. Next she thought of having looked into a flat on Rawson Street (a peeking incident from an elevated train reported some months earlier, with especial emphasis on the pun on the name Raw-son). "I thought of myself like a murderer who cuts people up. It was like a totem amount in the dream." (Here I asked what she meant by a *totem* amount, to which she replied quite blandly, "Oh, did I say *totem*, I meant to say *token*.") "Well, I felt very tired all day. . . . As a child I did not really feel like killing D., but I wanted to do something to him. . . . I seem to think of father having sliced his fingers in the cellar. I saw that saw the evening before my dream, with its bright teeth. . . . In the dream I had the awareness my crime was going to be found out. In school my technique was to admit guilt to the teacher before she found out if I was sure she would find out anyway, but I never really did do very much. That liver seems also to make me think of a penis. . . . I think I used to think I only got angry at D. or B. if they interfered with me, but I may have had some undercurrent against them. Father again spoke of his pride in me when I was dressed like a little George Washington at the age of four. But when I was dressed in a male part anyway he felt especially pleased." But immediately after this hour with its pronouncement, the patient did not behave like George Washington who could not tell a lie, but like a four-year-old child interweaving fantasy and fact and mixing things up in an Alice-in-Wonderland fashion, which accomplished denial.

These excerpts from the case study document fairly well many of the points which have been described earlier. It is apparent, however, that this four- to five-year-old child was probably not in an ordinary state of firmness to withstand these traumas, which are in themselves not so very rare, and do not always leave as disastrous imprints as they did in this child. It would seem from the total material produced that all three traumas—the primal scene under rather special circumstances, the guilty exhibitionistic and scopophilic frustration with Sylvester Ebenezer Wilson, Jr., and the overwhelming stimulation by the older brother D.—all occurred in the four- to five-year-old period, but that the latter was repeated during the tenth year, which began the long period of nervousness necessitating her being out of school until thirteen. There was in addition a disturbance at the age of five when the brother D. almost drowned and had to be resuscitated.

But of the period before four, especially of the first two years of life, certain facts were reconstructed, many of which could be checked by a baby book which the patient's mother had kept zealously. That there were both *overstimulation and deprivation in the oral phase* seemed indicated both by dream production and by direct account. The child was a normal size baby and was breast fed for three months. The mother then assiduously plied her with the bottle, seemingly believing that weight meant health and impressiveness. By eight months the baby was enormously fat. The bottle feeding and the excessive weight continued until eighteen months, with almost no chance for normal chewing activity as she was given no solid food until after eighteen months. In the meantime the brother B. had been born when the patient was sixteen months old. Her walking was delayed, perhaps because of her extreme weight. After the weaning, she grew in length, became more active and thinned out, so that when she began to walk at twenty-two months she was no longer a fat child. The loss of the weight so relatively soon after the birth of the younger child certainly reinforced the identification with the mother, who was a dominating, absorbing mother, who made the child a veritable part of herself even in the way the patient later seemed unable to separate her identity from those around her and was continually in a state of infantile introjection and projection (or perhaps the terms incorporation and excorporation might be more suitable) to an extraordinary degree. On the Christmas before she was three, she reacted to the Christmas story, chanting often "I am going to be born."

In the meantime two other events, or series of habitual events, were taking place. The mother proudly claimed to have trained the child to the toilet by the time she was a year old, but at the same time kept her exclusively on the bottle. It would seem that in this she was accentuating both oral and anal tension with a peculiarly disturbed balance between them. From the time the little girl was twenty-two-months-old and her baby brother B. was six-months-old they were bathed in the same tub, which as she said apropos of one of her dreams, "had made them one and the same, of the same flesh and blood, through the spray of the bath water." She was never as excited by the genitals of her brother B. as they already belonged to her, but was frantic with excitement at D., who was five years older.

It is interesting to consider the influence on body tensions as well as the effect on body image in this child who was so stuffed by the mother during her own pregnancy; with a falling off in weight, whether due to the weaning or the loss of the mother's major attention after the birth of the younger brother but coinciding with slight delay with the

mother's change in form. Changing shape and form, undoubtedly based on concern about the penis, but possibly also due to this unusual shift in body image in herself, and to an early primary identification with the mother, always preoccupied her, as was shown quite clearly in some of her dream productions, and was one of the themes of the clouds, shadows, steam and mist. Twice later in life, she was to make dramatic shifts in body weight in a way quite clearly patterned after this original one.

It seems probable that the patient whose case is here described might possibly have become a mystic or a saint, a Bernadette, in another setting. It was not, however, the purpose of this clinical report to present the case structure *in toto*, but rather in sufficient detail to tell the clinical story. A similar symptom constellation with the same basic dynamics may be encountered in somewhat different character structures. It seems to emerge with more or less clarity quite often when special problems of the phallic phase are reactivated during analysis.

A second patient presented somewhat similar symptoms in a more circumscribed form. She was a young married woman, still in her twenties, a successful journalist who came to analysis because of a periodic writing block. Almost at once she began to protest that she did not wish to be a Talking Woman, making many witty and sarcastic comments regarding prominent women colleagues who "sounded off," as she said, in the press or radio. She was the fourth child and only girl among five siblings, in a family in which the father was distinctly a Talking Man, a popular and liberal educator with a flair for political oratory. The mother was a retiring woman with primarily domestic interests. The parents had been divorced only after the marriage of the patient. Of all the children she was the one indubitably most like the father, and her protesting cry of denial of talking ambitions was part of her being torn in identification between the two parents. Equally important, however, it was a denial of her rather general envy, derived from her early intense penis envy. She fairly soon gained some insight into this, but the imprint on her character in her extreme narcissistic power drive and intellectualization was considerable.

he

The refrain "I can do anything she can do," rang throughout her analytic work.
you

She was unusually afraid of pregnancy, thought the deformation of the body shameful, and was fearful of the pain and destructiveness of birth. These symptoms represented a very considerable neurosis with outcroppings at puberty of compulsiveness and fantasies of impregnation by immaculate conception, especially through seeing. Now she had become pregnant by an accident, which was influenced by her competitiveness with an old college friend. She felt whatever this young woman could do, she could and must do also.

The material of a single hour during the seventh month of her pregnancy is here presented. This had been preceded by considerable discussion of the

time at the age of four, when her only younger brother was born. This child had been a consolation gift to the mother by the father, in a situation when under the spell of one of his numerous love affairs he was planning to divorce the mother, but felt she should have a child as a last memento. This strange state of family relations had colored the patient's fear of pregnancy, and linked it with the fear of abandonment and with the idea of the phallic but feminine woman with a child, separate from the father. In the same period as the birth of this younger brother, she had herself had a tonsillectomy, done at home, and had been terrified by the anesthetic and especially resentful of the preoperative enema which had given her feelings of uncontrollable explosiveness. Also around the same period she had fallen against a radiator while rough-housing with an older brother, had hit and cut her head and been rushed to the same hospital where her mother had given birth. At the time she had thought "I will always remember this moment" (typical of the screen memory hunger) and indeed this did screen her earliest pregnancy fantasies of this period.

On the Monday here reported, the patient came to her hour reluctantly, saying that she had a sore throat such as she had not had for years. In the past these attacks had been followed by laryngitis and aphonia. She had heard on Saturday from another college friend, who was pregnant and who had phoned her at the beginning of her labor pains. She thought this friend's voice sounded unusually far away. On Sunday she heard from the husband that the baby had arrived by a breech birth and that no anesthetic had been given. This frightened her, but she thought at once "If she can do it so can I!" That night she dreamed,

I was here in my analytic hour. You said that you hoped I would learn to call things by their right names; that you and your mother had had a campaign to have people call things by their right names, especially in regard to volume, and you mentioned different meanings of volume. I thought I did not use volume except with the meaning of a book. I wondered if your mother was alive. You looked out of the window and saw that it was snowing. You said the snow was wet and came from a different direction than you were used to. I wondered where you came from and thought it must be Pennsylvania. We both started to leave the room, but ran into a negro girl who had come to see you without an appointment. You greeted her cordially but went on. Next I was in the labor room with my friend. The doctor wanted to give her an anesthetic, but she did not want it, and said, "If Caesar were pressing my brow that would hurt whether or not I had an anesthetic."

About *Caesar*, she thought at once of a Caesarian operation. The day before, her husband and her mother had worked in the garden with her, and her mother remarked that on Mother's Day she generally planted something in memory of *her* mother. It suddenly struck the pa-

tient that it would be strange to have a daughter who in turn would have a daughter, and so she might become one of a long line of mothers and daughters. (In this she was trying to place herself in her biological role but also to find a superiority over the male, who could not be a link in so close a chain.) She had next thought of me, thought she had heard children in my household and wondered if I had a daughter, who had a daughter who might become a mother, etc. *Calling a thing by its right name*—She suddenly burst out "Well, I was constipated yesterday, and concerned about it." As to *volume*, it was only a book or perhaps pitch or sound over the radio. She had been preoccupied with her friend and the baby yesterday and had thought again "If she can do it, I can do it also." The *wet snow* made her think of her friend's husband having said that the waters (amniotic fluid) came early; and her mother had said, "Poor girl, a dry birth and a breech." In the dream I seemed to be superior about a dry snow and the patient was defending herself. *Pennsylvania* made her think of Pa for father and the fact that she knew that I had gone to La (Louisiana) the year before; that she herself had learned to spell Pennsylvania from hearing a little girl chant the spelling rhythmically in a movie of "Tom Sawyer." In this, the children had gotten lost in a cave, and later Tom and Huckleberry Finn had sneaked into the church, where they listened to the eulogies of their own funeral services. She had once been in a cave with stalactites and stalagmites, like the one in the movie, and one of the girls in the party had become frightened lest she hit her head on a stalagmite and injure herself as she had previously suffered a concussion and been told that further injury might be dangerous. In spite of the fear, no injury had really occurred. Also a caller had recently sympathized with the patient for looking tired and had remarked that she was herself tired, as she had not fully recovered from an operation on her head.

In the early part of the analysis the relation of speech to urinary control and the comparison of the speech of the Talking Woman to the directed flow of male urination became obvious. In this hour, however, we are dealing with other elements of the phallic period as well, in which the patient sees the approaching birth as a terrible castration similar to the tonsillectomy at four. The concern with the excretory functions is further evident in the references to the dry birth, the wet snow, the breech delivery, and the negro girl who came without appointment, this latter referring not only to anal birth and a bowel movement at the unexpected time as with the preoperative enema, but further to the fantasy impregnation through watching a negro houseman in his basement rooms at four to five. Of especial interest is the theme of the large or small voice, the question of the anesthetic and the many refer-

ences to the head, with the displacement of power from the genitals to the magic and omnipotent thoughts—the condensation of all of these themes occurring in the idea of the importance of the right word and the comparing of the unborn child with Caesar—whereas the word *volume* serves as a key to the ideas of the genitals, of the pregnancy, and of the omnipotent thoughts. My campaign to have things called by their right names meant not only the analytic work, but especially, like the phrase “to call a spade a spade,” referred to the fantasy of magic impregnation by looking at the colored man, which the patient had at this time alluded to many times but not clearly admitted. On the next day the patient brought a dream which was again concerned with the problems of birth and death, and with many references to her having a double—in this instance the unborn child.

Much of what I have described has already been noted by other analysts, especially during the early golden days of psychoanalytic investigations and reporting. Jones especially in his book *On the Nightmare* (7) and in an article on autosuggestion (8) makes extensive observations along similar lines but in other terms. Jones says, “The transference of the ideas connected with flatus to the subject of the breath and voice is peculiarly easy in the case of the horse, whose neighing is evidently a sexual process and has hardly any other biological significance”; and quoting Jähns, “Since a stallion chiefly neighs when he feels the impulse to copulate and since procreative capacity and the sense of life are as closely associated with the idea of light as barrenness is with that of darkness and death, we have the reason why a lusty neigh counts as a good omen.” Jones adds that the Teutonic races paid the greatest attention to neighing, divining future events from different intonations, and both the Persians and the Irish decided the choice of their king from the omen thus obtained. And again quoting from Jähns he illustrated the sexual significance of neighing as follows: “Girls ride on a broom stick to the door of the stable and listen. If a steed neighs it means the girl will be married before Midsummer Day, but if she hears only the flatus of a horse she will bear a child in the coming year without being married.” Jones adds that from neighing to speaking is only a step; mythology and history are full of accounts of speaking horses. Later in the same book he remarks “In connection with the words Mare and Märchen, it might be added that the idea of bringing news is obviously connected with the ideas both of finding out knowledge and of passage through the air.” He also traces a connection from neighing to speaking, especially in an oracular fashion, and to oratory, declamation and the beginning of poetry.

In this connection I would comment that in the development of the child the increase in sphincter strength goes on simultaneously with laryngeal and mouth (labial and lingual) co-ordination promoting speech, and roughly accompanies the perfection of walking. This means that ordinarily from the end of the first year to the third year there is an increase in the sense of autonomous periodicity and rhythm in the child. Whereas the soothing effect of rhythm is present from birth, but may be largely brought to the child by rhythms supplied from without (being rocked or walked with) the increasing rhythmic capacities of his own body give both comfort and power, with the mastery of sphincter control and speech, there is quite frequently a period of the mouthing of words with special emphasis on alliterations and primitive rhyming.

Also in connection with the neighing of the horses, the cat like the horse makes special characteristic sounds in connection with its mating, and like the horse it is the subject of nightmarish superstitions of its sitting on the chest and especially that of the baby and killing by sucking out the air. It is interesting that in the Fuselli painting used as a frontispiece in Jones' book the devil seated on the maiden's chest is catlike in posture and appearance.

Freud's paper on "The Uncanny" (5) harmonizes with the emphasis in the present description to the extent that he sees its origin in the end of the first and the early part of the second year with the capacity for positive and negative hallucination (reinforced by certain fixations in relation to animism). Fenichel (2) too emphasizes that in primitive thinking the respiratory apparatus becomes the site of incorporated objects in the same way as the intestinal apparatus; that primitive people, psychotics and children sense that by breathing they are taking in substance from the outer world and returning some substance to it; the incorporated substance is invisible and therefore suitable for conveying magical ideas, which is reflected in the equations of life and soul with breathing, which further lends itself to magical use because it is the one vegetative function that can be regulated and influenced voluntarily. (Compare this with the megalomaniac ideas developed by some male patients who have in childhood consistently produced erections and orgasm by fantasy alone.) Fenichel further remarks that inhaling the same air as another means to be united with him, and exhaling means separation. Respiratory introjection is associated with smelling, i.e., with anal eroticism on the one hand and with the idea of identification with dead persons—inhaling the soul—on the other. Harnik (6), in an article on the fear of death in early infancy, relates this to a fear of dying, i.e., being suffocated, sometimes originating by forcible feeding early,

and that this becomes worked into the superego anxiety with ideas of the breath as spirit or soul.

M. Klein (9) hints at the relation of such findings to the conscience and superego, stating that sadistic omnipotence through feces and flatus becomes modified and is often used to inflict moral pain. She thinks that these attacks being carried on secretly and with great watchfulness and mental ingenuity in guarding against counterattacks of a corresponding character. The original omnipotence becomes of fundamental importance for the growth of the ego. I am not prepared to go wholeheartedly with Klein regarding this last emphasis. At least in those cases which I have seen I would say there was an expansion of the ego, but not in itself contributing essentially to its strength and solidity.

Breath-holding attacks of childhood are rather uncommonly described in psychoanalytic literature. In a personal communication, K. R. Eissler has told me that Aichhorn found from clinical observations that they might be followed by pseudo stupidity. M. Chadwick (1) quotes D. Forsyth as describing children who get pleasure from holding and playing with their breath and hold it to the point of cyanosis in anger, and relates these activities to correlated sphincter activities, with pleasure in the clear demonstration of power. It is my own impression from direct observation of such breath-holding attacks, that particularly in children in the phallic and oedipal periods, the child may have not only a power satisfaction, but a peculiar pleasure in the heightening disturbance accompanying the cyanosis, with a relatively sudden letting go at the end in a kind of twilight state which has the curve of an orgasmic response and may be related to it. Rank's study "*Der Doppelgänger*" (10) clearly indicates the relation of some of these phenomena (mirror reflectors, shadows and guardian spirits) to the belief in the Soul and fear of death. He stated that the idea of the double was originally an insurance against destruction, to the ego "an energetic denial of the power of death" (compare the fantasy companions of early childhood) and that the immortal soul was the first double of the body; that while the double arises from the primary narcissism it does not disappear with the passing of the latter, but can receive fresh meaning from the later stages of development of the ego, slowly forming a special function of observing and criticizing the self and exercising a censorship within the mind—the conscience. The quality of uncanniness, he said, could only come from the double being a creation dating back to a very early mental stage, and one in which it doubtless wore a more friendly aspect.

It is evident, thus, that most of what I have brought out in the present study has been observed and described in other frames of reference many years ago. Whatever this study has to offer is in its clinical

illustration, with especial effort to understand the symptoms in terms of the developmental processes of early growth and changing balances, with especial emphasis on relations to the phallic phase.

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ANALYSIS OF A SEVERELY DISTURBED THREE-AND-A-HALF-YEAR-OLD BOY¹

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This paper describes the analysis of a three-and-a-half-year-old boy² who displayed extreme deviations in behavior. Owing to the child's early age and the severity of the external traumata to which he had been exposed, the diagnostic picture was for some time obscured. However, the intensity and acuteness of his reactions, qualitatively as well as quantitatively, made us suspect that we were dealing not merely with a childhood neurosis, but with the forerunner of a more serious condition. Despite his early age, and despite the deterrent effects of the additional external traumata to which he was exposed during treatment, the child benefited from psychoanalytic therapy.

Tommy, an only child of very superior intelligence,³ was brought to the Center by his mother who was desperate because of his wild and destructive behavior, which had resulted in his having been branded "the terror of the neighborhood." Specifically she described his problems as follows:

He seemed to obtain considerable pleasure from biting, painfully squeezing, and in other ways attacking children, animals, and adults—"anything or anyone he could get his hands on"—without apparent provocation. He was unable to withstand the slightest frustration without a temper tantrum. He was hyperactive, his violence continually "erupting like a volcano." He was perpetually tense and excitable. Recently he tended to lapse into baby talk, and when he became destructive and his mother attempted to restrain him, he would sometimes reply, "Me just baby, can't help it." It was almost impossible to travel with him on buses and subways, because he would impulsively strike out at his fellow passengers (regardless of age or sex) and frequently nip them in the arm or back; and if anyone accidentally brushed against him he would

1. I am indebted to Dr. Marianne Kris for her invaluable help throughout this child's treatment, with problems of both theory and technique, as well as for the suggestions she contributed to this paper.

2. The child was treated at the Council Child Development Center, New York City, where the mother concomitantly received psychotherapy. In this case the same therapist was assigned to mother and child.

3. Psychometric test results placed him in the uppermost first percent of the population.

scream that he was being attacked. Tommy was preoccupied with thoughts about bodily injuries of all kinds, and with thoughts of death. Whenever speaking of the future he would ask, "Will I live that long?" During the past few weeks, he had expressed a fear of wolves, and "bad men" taking him away.

Tommy's father suffered from a mental illness which, shortly after the child's admission to the Center, was diagnosed as schizophrenia. He could not show the child any genuine affection, and resented whatever attention the mother paid him. He was rigid and exacting in the demands he made upon Tommy in a way similar to that in which his own parents had treated him. In particular, he objected strenuously to what he termed the child's "infantilism": his requests to be fed and his recent reversions to baby talk. Unable to tolerate his son's aggression, he either withdrew from him or reacted with severe counteraggression. There were indications that occasionally he had physically attacked both his wife and child.

The mother had an emotionally deprived childhood. Her mother died when she was ten and at that early age she had to assume responsibility for her two younger sisters. Her father was a maladjusted person, possibly suffering from a mental illness, who disparaged all aspects of life save in the intellectual sphere. He was not able to earn a livelihood, and the family was forced to accept public assistance. With a great deal of struggle, Tommy's mother worked her way through the State University, where she graduated *magna cum laude*. About two years after her graduation, she married Tommy's father, who was generally considered irresponsible and inadequate, but whom she hoped to "make over." She felt she had been unable to help him realize his capacities, and frankly admitted that, in order to compensate for her disappointment, she had hoped to produce a superior child. The child, also, did not fulfill her expectations, and in many ways she identified him with her husband's more negative aspects; and felt similarly that her various attempts at handling the child had failed. From the outset her emotional withdrawal had been predominant, and whatever contact she did establish with him was characterized by excessively intellectualized conversations.

Tommy was a planned child, born three years after the parents' marriage. Birth was full term and a breach case. High forceps were used, and the skin on the child's legs was badly ripped. A hypospadias, present at birth, was successfully operated on when he was three weeks old. The mother reported that during his first three months, even after his leg injuries were ostensibly healed, he displayed unusual sensitivity to touch and screamed when anyone attempted to pick him up naked. Since, according to the mother, up to the age of two the child shrank from being held or touched, she rarely attempted to show him overt affection.

Tommy was breast fed for six weeks, and then transferred to the bottle. Toilet training was initiated at fourteen months and completed by twenty months, apparently without any particular complications. By the time he was one and a half, he was talking well and in complete sentences. At one year he

was walking alone and already showing signs of overactivity and destructive behavior.

The mother reported that at nine months he "weaned himself by suddenly refusing the bottle"; and that at this time he spoke his first words, "kitten" and "flower." Also, at nine months, his biting was said to have first appeared, directed against a boy cousin five months older than himself. This cousin was brought into the home when Tommy was five months old, and from then until he was a year and a half Tommy had to share his mother's love with him. The mother felt that in many ways this cousin was more normal than her own child, more companionable and affectionate, and she frequently held him in her lap while Tommy amused himself alone in a corner. After his cousin's departure, Tommy continued his attempts to bite him whenever he saw him.

If the mother's reports are accurate, it would seem that the simultaneous occurrence, at nine months, of the child's weaning, talking, and biting may have been more than coincidental.

Tommy was two and a half when his mother was hospitalized with a physical illness. He was sent to the country to his mother's friends, who were complete strangers to him, and remained there for five months without seeing either of his parents. In this household he lived with his foster parents' two sons, one half a year older, the other half a year younger than himself. Little is known of this period, but the mother reported that these foster parents found the care of an extra child quite burdensome and that frequently Tommy was excluded from excursions and made to remain at home alone. While there he regressed to soiling and wetting. His foster mother did not attempt to retrain him but apparently found it easier to diaper him. When his mother came to fetch him he showed no outward recognition of her, resisted all her advances for twenty-four hours, and only gradually accepted her.

Upon Tommy's return his family, unable to find a housekeeping apartment, were taking all their meals in restaurants. His mother took pride in his excellent table manners, his precocious verbalizations, and the compliments that these evoked from strangers. She was particularly pleased when he behaved in an "adult way," and, like her husband, disapproved of any show of "infantilism." He responded quickly to his mother's immediate steps to retrain him, but his biting became greatly extended and intensified, his hyperactivity and destructiveness appreciably increased, and it was at this time that his fears were first noted.

At the age of three Tommy was again separated from his parents following an arrangement for his visit to a maternal aunt. The mother said this trip had been planned at the child's own request. After two weeks, the aunt could no longer tolerate his destructive behavior and sent him to his grandparents, where he remained until his mother came to fetch him a week later.

The child was described as having been generally healthy and all physical examinations had shown him to be in good condition. Neurological findings were negative.

I

Tommy was admitted to the Child Development Center where he attended the Center nursery regularly. Prior to his treatment he was observed for several weeks within the nursery setting. Most outstanding were his extreme control, conformity, and poise. He did not manifest any of the disturbing symptoms his mother had reported. He was singularly polite, had long conversations with his teachers, and was superficially friendly and ingratiating toward everyone. When his mother left the nursery he showed no objections. However, his immobile expression and constrained emotional responses made him appear as if constantly on guard. He did not permit his teachers to show him any affection, becoming evasive when such attempts were made. Outwardly cordial with the other children, he seemed to prefer to keep to himself, and did not show anger, even when provoked by them. His attention span was limited, his play scattered, and his manipulation of play materials fell far short of his verbal performance. He usually chose trains or blocks to play with, and tended to use these primarily as a springboard for his excessive verbalizations, explaining at great length where the train was going or what the house was for.

During my visits in the nursery I established a relationship with Tommy and when I invited him for his first treatment session he responded with a polite acceptance. He already knew that other children in his nursery group had these "appointments." However, on the morning of his first appointment, he announced to his mother that he did not want to see me, offering no explanation. When the time came for his session his first reaction was to cry and to reiterate, "I don't want to go." As soon as his mother intervened and reminded him of the toys in my office he stopped crying, declared he would like to see me, and showed no desire to have his mother remain with him.

For the first three sessions Tommy remained essentially aloof and controlled, much as he had appeared in the nursery school. In the first session he showed interest in a truck which he explained was an ambulance to take care of sick people. The sick people were "soldiers" although twice he referred to them as "children." He anxiously requested a hospital to receive the sick people, to keep them from dying, and seemed greatly relieved when I suggested that the doll house might be used for this purpose.

It seemed as though, in this first session, the child's play referred to his traumatic separation from his mother, caused by her sickness and hospitalization. It is likely that "children" and "soldiers" were cover figures for the mother. "Child" and "mother" were probably also

synonymous because psychologically the child had not yet separated himself from the mother.

In the second and third sessions he repeatedly played out a fantasy of a baby stranded with strangers by the sea,⁴ unable to find its way back to its mother. The "soldiers" put the baby in a boat to take it home, but the course was a devious one. The boat would zigzag and turn in circles, and many times it seemed as though the baby would never reach its mother; but in the end it always did. At the close of these sessions he put the baby in the doll house and locked the door carefully.

Tommy's mother now reported that since starting his treatment he had begun to cling to her and to be very upset whenever she left him. This was a new form of behavior, apparently without precedent.

In contrast to maintaining his composure with me, in the nursery Tommy's behavior changed radically immediately following his first treatment session. His aggression, violent and uncontrolled, broke loose, and he hit and bit other children and adults without apparent provocation. When he bumped or otherwise hurt himself, he would attack the nearest adult, crying out that she had hit or pushed him. As in the sessions (i.e., "soldiers," "baby," and "mother") he frequently and inappropriately substituted one object of his aggression for another: for example, if he struggled with a child over possession of a toy, and was prevented from biting him, he would walk over to another child and bite or push him. His polite behavior disappeared, and while playing by himself, usually with clay and finger paint, he would refuse to talk to any of the teachers, save to mutter anal words, such as "kaka," "duty," etc.

On the week end preceding his fourth session, Tommy told his mother that he did not like me, that I made him do "very boring" things, and that he would not see me any more. He declared that I was a "mean person," who took him upstairs and scolded him for being bad; he said when he cried and was sorry, instead of sympathizing, I would put him across my knee and beat him. He also complained that his parents did not love him, and threatened to run away.

On the morning of this fourth appointment, he refused flatly to attend his session, and neither his teachers nor his mother could prevail upon him to do so, even though he was assured that his mother could remain with him.

It was several days before Tommy consented to come to my office. As soon as he entered the room, however, he began to cry, appeared

4. The friends with whom Tommy was placed at two and a half lived on the seacoast.

very frightened, and implied that this fear stemmed from some fantasy connected with me, finally admitting that he was afraid to be with me. He was assured that he could leave the office when his appointment was over, but that meanwhile I wanted him to remain for it was my sole wish to help him overcome this fear.

He became violently aggressive, attempting to hit and bite me. These expressions of violence alternated with infantile clinging behavior. He made no attempts to leave the room, but instead sat on the floor near the door, where I sat beside him. Once, while crying, he repeated, "I want to bite you, but I *don't* want to bite you!" I told him he was not going to bite me, there was no chance of that because I just wouldn't let him, and I handed him a rubber toy to bite (which he did). At times he would turn to me and wail, "I'm never going to come back to this nursery school again if I have to be with you." I said firmly that he was not going to leave this school, but I knew that he was very frightened and he and I together would just have to understand what was making him so frightened and unhappy so we could fix it up. At this he told me defiantly that if he lived to be a hundred, he would never tell me why he was frightened. In the very next breath he asked me if I knew what floor his apartment was on, and stated with equal defiance that he would never tell me where it was. I said it seemed that he was afraid I might go there, whereupon he screamed violently, "I'm afraid you will come and take me away." As soon as I had reassured him he stopped crying. He relaxed and began to chat to me about how he played in the park, and about his trips to relatives, and then he asked me if I knew who Richard was. He explained that Richard was his friend who lived in his house; that Richard lived on the second floor, and that he would tell me where *he* lived—namely, on the third floor. At the close of the hour, he opened the doors of the doll house, as well as the windows, because, he said, *he knew the children would be safe*.

The content of this fourth session in part explains the coincidence of Tommy's initial outburst in the nursery with his first treatment session. In the school situation he had been temporarily able to control his impulses; but the analytic situation touched upon his separation experience and his aggression against his mother, bringing out his ambivalence and his desire for me to replace her. The termination of the first session, which resulted in separation from me, probably intensified his ambivalence. There is a further possibility that being alone with an understanding adult, who permitted him to play out his traumatic experiences, had aroused some of his longings for his mother, and also for me. He threatened to run away from both of us, saying, in effect, "look what you have done to me." This projection mechanism was also man-

ifested in his accusations that I would kidnap him. It is significant that his ambivalence and his fear of separation reached their peak following his prolonged absence from me caused by the intervening week end.

Subsequent material further illustrated the meaning of the first four sessions. The child repeatedly revealed confusion and conflict as to the identity of his parents. For example, he played a repetitive game with a doll family in which he expressed uncertainty as to whether the mother and father dolls were the parents of the little boy or not. First they would be; then he would put them on a train, ship them away, and explain that they were not the parents of the children, but a strange engineer and his wife. Also, he continued to evidence a certain amount of conflict in his attitude toward his mother and myself, wherein his wish for me to replace his mother became more apparent. He would tell his mother that he was my baby, not hers, and immediately following such a declaration would again anxiously request that she attend the session with him.

The fourth session apparently relieved a great deal of the child's anxiety in relation to me. Toward his mother, for several weeks, his biting and other destructive behavior almost entirely disappeared. This change of behavior was probably due to several factors: in these four sessions he had increasingly acted out the traumatic situation with his mother and his desire to remain with me; a shift of cathexis to me, another figure for his ambivalence, had occurred; and his fear of separation had come to the foreground. He continued to whine and cry easily with his mother, now altogether refusing to let her out of his sight. He regressed to an extremely infantile mode of behavior with her, and used only baby talk, perhaps also in this way demonstrating his helplessness and need not to be abandoned. At this stage it was fitting that with me, as with his mother, the child was likewise infantile, indulging exclusively in baby talk, and asking me to feed him out of a toy bottle.

The first three months of treatment were utilized to strengthen the child's confidence in me. Since he had never had a normal childhood, before attempting further analysis, our immediate therapeutic aim was to enable him to experience permission to be a young child. I made no particular attempt to discuss his problems with him; as a matter of fact, verbalization was discouraged, imaginative play not encouraged, and for the most part I played with him with clay and water, and engaged with him in a good deal of nonsense talk appropriate to his age. He was granted extra time from me, his repeated requests for food and milk were satisfied, and his frequent demands for trips to the ice cream and candy stores were always met. In his reversions to infantilism, when he

showed an opposing wish, as for example one day when he anxiously attempted to stretch the legs of a doll, explaining that he should grow up and not be a baby, he was reassured that sometimes children have a need to be little babies. However, his uncontrolled outbursts, although infrequent at this time, I attempted to curb at their first appearance.

Tommy's attitude toward establishing any kind of physical contact with me during this period was also noteworthy. Occasionally he would edge toward me as though eager to establish contact; yet if I but moved a muscle he would quickly withdraw. Very gradually this attitude changed and eventually he was able to seek and accept physical contact from me when he desired it.

A month after Tommy's treatment had begun, his father was hospitalized,⁵ following an acute psychotic outburst, in which he threatened his wife with physical violence. Allegedly Tommy did not know of this incident; however, on the morning preceding his hospitalization the father lost his temper with the child and dug his nails into his arms, drawing blood. Since the father's hospitalization was a sudden move, it had not been possible to prepare the child. This event reactivated in him considerable fears and guilt. His mother had told him that his father had gone away to rest because he was "sick," and implied that his father's anger had been his chief symptom of sickness. Immediately following his father's departure, Tommy came to me requesting an appointment before his scheduled time. He spoke of the toy soldier being sick, and having just a "plain disease." He was told a few facts, and reassured that there was no need to fear that he or anyone else could get sick through anger, or that he might have made his father sick by evoking his anger.

The father's hospitalization brought Tommy's fears of injury and death to the foreground. One day he came to my office uninvited, and asked me what it felt like to be dead, and if it hurt when the body "decomposed." A few days later he told me he had seen a man in the subway, without arms or legs. He fantasied that the man had lost his limbs by falling off the subway platform. He denied that he, himself, had any fears of incurring such an accident, since he was always extremely careful.

Within the early weeks of treatment, Tommy's mother gradually showed a greater degree of emotional contact with her child.⁶ Despite

5. The father remained in the hospital for approximately six months. Following his discharge he returned to Iowa to complete his studies. Thus for the duration of Tommy's treatment, save for vacation visits, mother and child were separated from the father.

6. See p. 232 for description of mother's treatment.

this improvement, she was intensely upset, owing both to her reaction to her husband's hospitalization, and to her precarious economic situation, which forced her again to seek public assistance. Although on the one hand a little better able to express her love for her child, on the other hand, she became more conscious of her hostility and resentment against him, and this was more overtly expressed in her responses to him. Now, Tommy's behavior with his mother more clearly reflected her alterations in mood. For example, when she showed him a positive attitude, he would respond with affection and glee, and would be fairly amenable to control. When, however, she displayed a negative attitude, he would whine, cry and cling to her.

Now, too, Tommy's aggressive outbursts occurred more frequently in the sessions, often without any apparent provocation, but sometimes showing a correlation with his mother's more negative moods. Even when such a connection was clear, however, it was not possible to make any interpretation for the child was so acutely upset he could not have met it with any understanding.

In the sessions, as in the nursery, when he hurt himself, for instance by bumping his head or his knee, he would invariably accuse me of having injured him, and would hit me wildly and try to dig his teeth into my arms. During such outbursts Tommy showed no feelings other than righteous rage, fear, and an unshakeable conviction that he was being persecuted by me, and when I had finally succeeded in calming him he betrayed no contrition. Yet, in his play, when his ego was not overwhelmed by his id, he revealed anxiety and guilt in relation to his destructive impulses. When he verbalized aggression toward me, and pretended to shoot me, he became anxious and adamantly denied that he had done so, insisting that it was only "make believe." Throughout his play he consistently found seemingly logical "outs" for any situation in which anyone might have got hurt: if there was a train wreck, he would always tell me that the passengers were uninjured; on an occasion when he was playing with boats, and one of the boats sank, he quickly pointed out that the boat was a *submarine*.

At the end of these first three months, Tommy's teacher reported his improved ability to establish contact with adults and with other children, and to give and to accept overt affection. As with me, he evidenced strong jealousy reactions, and would often attack and bite the teachers when they diverted their attention from him to other children or adults. His behavior fluctuated between happy and contented moods and outbursts of wild aggressiveness when he screamed at slight provocation, and would allow only his mother or me to approach him.

II

Upon his return from vacation in the fall Tommy seemed ready for analytic treatment. However, after only a few sessions, his jealousy reactions became so pronounced that after encountering me in the hall, when I was accompanied by another child, he refused to keep any appointments for several weeks. Apparently he could not return until he had actually experienced reassurance of my love. After I played with him in the nursery, talked to him on the telephone every day from my office, and showed him all manner of attentions, he halfheartedly agreed to return "tomorrow," on condition that I meet him in the nursery and bring him to his appointment. Nevertheless, when he did come, he still had to prove to me he was angry, attempting to hit me, although in a perfunctory way; and since his eyes fell on the hammer and pegs, I suggested that he hit these. He did so in a disinterested fashion for only a few minutes; then spontaneously he turned to me and again reverted to the baby talk which he had not used with me since the preceding spring. The child's behavior may well have been a reflection of the original impulses with which he had struggled in his experience with his cousin at ten months, and with his foster parents' own two boys when he was two and a half. Therefore, when he picked up a toy baby-bottle, I asked him whether he wanted water or milk, and with surprise and pleasure he requested milk. After this he became affectionate and cuddled up to me.

This first year of therapeutic work was Tommy's most stormy and turbulent period of all. He would lunge at me, hitting, biting, and screaming, and I could only restrain him by physical means, and eventually calm him by a combination of tenderness and firm assurance that I would not allow him to hurt me.

The child's outbursts were not confined to the sessions, but occurred in the nursery, on the street, and at home; his wild aggression was indiscriminately directed and occurred frequently without seeming provocation, and rarely now could we find any connection between it and the mother's attitude.

When the child could finally refrain from hitting and biting me, he requested finger paints, and expressed his feelings of anger and violence by smearing. Now he began to state that brown was his favorite color, that he could kill people with it and break their heads. He would hurl fistfuls of brown paint at me and say gleefully that he had messed up my "prettiest" dress. Soon he began to associate this paint with actual feces, would announce when he was in a rage that he wished to perform a bowel movement, and in his actual toilet behavior would express this

same rage. He also began to express the powerful things he could do with the brown paint.

For the first time he admitted concern over his aggressive tendencies by implying that they caused him anxiety and discomfort. For example, one day while engaging in fantasies of how he could kill and smash everyone in the world, he reminded me (as he had on many previous occasions) that he was "king." Now I asked him how it felt to be king, and he replied, half anxiously, half sheepishly, "Between you and me, not so good." In response to my understanding that it must feel pretty uncomfortable to want to be "king" when one was tempted to commit so many violent acts that one at the same time did not really want to do, he revealed another distressing fantasy. When he grew up he was going to be a great, big, strong man, and marry a little, "teeny-weeny" wife, whom he could boss. He would make her clean the house, make the bed, and cook; and she would cook lots and lots of little, teeny-weeny food and eat it. He would eat the little, teeny-weeny food, too, and then one day he would eat up his little, teeny-weeny wife! At this point he requested chocolate cookies, which he crammed into his mouth voraciously. Later, he directed these fantasies more specifically toward me, told me he would throw his feces at me, put them in a tube and shoot me, then eat me up, release me through his bowels, and kill me again in the same fashion, only to eat me up once more. One day he showed his urge toward even further regression when he told me he would like to climb inside me because it would feel so warm and comfortable.

Nothing could express better than these fantasies the nature of the child's present object relationships. For instance, when relating them he would tell me sadly that he lived alone, that he liked to be alone; he just had to be alone all day, so therefore he had nothing to do but to eat.

After months of working through his anal and oral impulses, the child seemed ready for the expression of his oedipal strivings.⁷ He began to show an active desire to give up his biting, and by the end of this phase of treatment it had almost entirely disappeared. One day he seized a toy shovel, and pretended he was digging up all the dirt, because where he spent his life there were only dirt sidewalks, and he wanted to transform them into cement sidewalks. The dirt sidewalks got wet and muddy, and one was swallowed up by all the mud, and it was very messy.

7. Doubtless the intensity of the child's need for his mother contained strong preoedipal strivings as well. It should also be noted that the father's absence from the home at this time probably facilitated the emergence of oedipal material. In the actual treatment the anal and oral material was not chronologically so distinctly separated from the oedipal as I have presented it here for the sake of clarity.

In the sessions Tommy initiated a play which illustrated his castration fears. He picked up a doll, said it did not have a penis and therefore was a girl; and that the parents were disappointed because they had not got a boy. He had me make a clay penis for the baby, but immediately removed it, saying that the parents had wanted a girl, not a boy. From then on he expressed confusion as to the sex of the baby, constantly switching it from male to female and vice versa. Soon after, he became a doctor, who had to protect the baby with a bow and arrow against burglars who would injure it. The next day he put the baby in the bathinette, seized a small stick and crammed it down its throat, explaining he was taking out its tonsils. After that he took the same stick, touched the baby on the head and said he was making it into a "girl-boy." The "girl-boy" was "a boy what had no penis." The boy had no penis because the mother really wanted a girl. Within this phase he requested that his mother be in the room, designated her as his wife, telling me that I was a "bad burglar," and later, a "boogieman."

This play showed a double trend: in the first place, the child's fear of his father's retaliation (the "bad burglar" and the "boogieman") and at the same time his *wish* to be castrated so as to be more loved by his mother. Both these trends were probably reinforced by his masochism. (7).⁸ During this stage of the treatment his mother admitted that she had wanted a girl, and that in the past she had expressed this wish to the child. Although at a much later point in treatment, his passive homosexual wishes emerged, at this time it appeared as though his great need for his mother was uppermost.

Tommy constantly asked his mother to repeat that she liked boys as well as girls. He invented a game in which he was a "bunny-rabbit" at the zoo, with a girl's name. His mother would come to the zoo, seeking a rabbit for a pet; when he told her his name she would have to explain that she really wanted a boy. At this he would say that his name was Tommy, joyfully leap out of his "cage" and throw his arms around her. Also, during this period he threatened his mother that he would cut off his penis with a carving knife.

After frequent reassurances concerning his fear of not being loved by his mother as a boy, Tommy showed increasing acceptance of his masculine role. Now he began to hint at his oedipal desires toward his

8. The mother reported at this time an added factor in this castration wish. When eating a pear one day Tommy (who intellectually knew the facts of procreation) cried out that he did not ever want to be a man and produce a baby since he feared that such "hard pointed seeds" could hurt very much when they came out of his penis. When the real facts had been explained to him he seemed greatly relieved.

mother as well as me, at the same time revealing his disappointment in his mother. One day he picked up the telephone and said he was going to call "Pico."⁹ Pico, he said, was a baby, and when I asked if it was a little one, or a big one, he said it was a big one like himself. He paused and looked very sad. I remarked that Pico was so very unhappy, and he said yes he was, he lived all alone, and had no one to take care of him. He really had a mother, but she did not love him or care about him.

After the child had been able to face his longing for and disappointment in his mother,¹⁰ he asserted more actively his desires for her and revealed more explicitly his fear of retaliation for such desires from his father. He would play at the doll house, explaining that the mother, father and baby lived there; the baby was locked in one of the rooms and had to stay there because if it came out the father, who was a "mean man," would kill it. Later, he put the father in an ambulance and shipped him off to the hospital, where he would stay "forever," and moved the mother and baby to a new house where they would live together alone.

Tommy's oedipal wishes as reflected in his transference reactions were shown in the following game: he was the "key man" and I was to telephone him and ask him to come over to help me open the door. He told me that he lived alone, that he used to be married, but his wife had died. I was the "key girl"; and the key was no ordinary key, but a "pee key," "the kind you make siss with." Later he said he was the "key man" and I was his "key wife," but then becoming anxious he slightly altered his role saying he would have to ask the "key man" for permission to use his key. Around this time he stole my keys, and finally admitted he knew I had a car key on my chain, and feared that I might go driving with "another man."

When Tommy failed to find in his mother a satisfactory love partner, both because of her attitude toward him and his fear of retaliation from his father, he focused his interest more exclusively and directly on

9. I was never able to learn where the child had derived this "Pico."

10. We must not overlook the possibility that the child's improved situation with his mother contributed to his ability to face this disappointment which no longer contained such objectively real factors.

About this time in his treatment Tommy referred to genetic material, telling me that when he "was a baby" he had had to stay with "Nancy" (the name of his mother's friend with whom he had been placed); and that his mother had been sick but he had only been a baby and could not understand this and therefore felt his mother did not love him. I learned from the mother that she had recently discussed this separation with the child and it seemed as though he were merely repeating the conversation to me, without experiencing meaningful affect; and I did not succeed in pursuing this with him. At no time did the treatment bring forth the recall of any actual memories of this earlier, traumatic experience.

me. He asked questions, inquiring whether I was married, saying he might decide to marry me himself. When leaving his nursery group for his appointment, he would announce to the other children that he had "to go upstairs to see his wife." He clearly expressed his reasons for transferring his affections to me in the following play, which assumed several variations:

He was a policeman, and I was a woman who telephoned him fearing there was a burglar in the house. He searched the house, assured me no one was there, and then offered to stay with me for a while, in case I felt lonely and anxious. He explained that he had a wife at home, but she would not mind his absence. Actually, she was not very nice to him, since she was interested in another man, and therefore he was thinking of finding another wife; as a matter of fact, he said, he might decide to marry me. He would make a good husband, he was earning good pay, and he could buy me almost anything I wanted. These characteristics were in contrast to his father about whom the mother complained because of his inability to give her adequate support.

This idea of marrying me was so real to Tommy that it was necessary to explain to him the reality situation. After I had turned down his various proposals, he again turned his interest to his mother. The mother was at this time displaying a positive attitude toward the child, which probably facilitated this return to the original object.

He told me that the baby was big now, and could sleep in a real bed, and that the mother would sleep with him—always putting the father doll in a separate room. He played out this theme with dolls, animals, any kind of substitute objects, sometimes merely removing the father to another room, sometimes having him injured and sent away to a hospital, and sometimes having him killed. At this time Tommy began wetting his bed, a symptom which persisted until near the end of his treatment.

Coincidental with this phase of the analysis, Tommy had learned that his father would be discharged from the hospital in the near future and would return home for a two-week period before going to Iowa to resume his studies. Tommy slowly unfolded his feelings of happiness to be alone with his mother, and complained that his mother paid too much attention to his father when he was home. He also implied fears lest the hospital had not helped his father enough, meaning by this that his father might again attempt to injure him; and his mother reported that he was continually crying out in his sleep. He began to describe in more detail his bad dreams. At first he could not be more specific, than to say that "things" ate him up in the night. These "things" became whales; and finally, he described his dreams in relation to the "boogie-man" who first tried to eat him up, and later, to injure him in other ways.

In order to be stronger than the "boogieman," who lived in the sky and threatened him at night, Tommy had to become "superman." He built up fantasies wherein he would steal the tops off all the houses in the world, and pile them on top of each other so that he could have an even taller house than the "boogieman." Thus he would not only gain the ascendancy in his competition with his father, but also would have no more to fear from him.

Tommy referred with increasing frequency to an aggressive boy in his nursery group, of whom he was afraid yet whom he constantly provoked. His use of this boy, Johnny, to express his conflicts regarding his father became increasingly obvious. In this relationship Tommy was predominantly submissive, inviting Johnny to dominate and to injure him. When he succeeded in provoking a physical attack from Johnny, he would, in the same moment, play the role of both abuser and abused: he would cringe, and cry that Johnny had maltreated him, almost simultaneously becoming the attacker. At the same time he attempted to make friends with him by bribery. Before long, Tommy became Johnny's slave. When Johnny was "Chief of Police," Tommy became—at his own request—the police dog. When Johnny suggested that he and Tommy could be co-superintendents of an apartment building, Tommy insisted that it would be better for him to be the superintendent's dog. In the nursery he pretended to be fond of Johnny, yet he complained to his mother that he did not wish to attend school so long as Johnny was there.

With me, Tommy boasted of being stronger than Johnny and the "boogieman," because he was "superman." Gradually this identification with the aggressor broke down, as his basic feelings of fear and helplessness gained the ascendancy. Therefore he tried to make friends with his dangerous aggressors. He told me he had nothing to fear from Johnny because he was going to make friends with him. He claimed that every night he visited the "boogieman" and then returned to his bed in time for breakfast. Although the "boogieman" was a "mean" and "dangerous" man, he would not hurt Tommy because he had made friends with him, too. I allowed him for some time to maintain this defense; then I began to inject doubt as to its efficacy, and he was finally able to admit that it really did not work so well to make friends with people you feared, because you were still scared underneath.

He dared to express more clearly his feelings of resentment against his father, who was always a "mean, bad person," by acting this out in the transference situation. The following play continued with slight modifications for several weeks. The mother, at the child's insistence, would be present at the sessions, and would be designated as his wife. I was a "bad burglar" whom he was going to kill because I was attacking his

wife. This play reached quite elaborate proportions: he would tell me the kind of house he and his wife lived in, the number of rooms they had, that she and he shared a double bed, and that there was a child, like himself, in another room, who, however, could be with the parents in their room whenever he wanted. This betrayed Tommy's double wish: to replace his father, and as a child not to be excluded by his parents.¹¹

During this period immediately preceding his father's visit, Tommy's attitude toward me became increasingly hostile and rejecting. He, however, finally accepted my interpretation that he displaced on to me his feelings for his father. When the father actually returned, the child readily comprehended his ambivalent feelings toward him (and me), which he himself described as his "two-way" feeling, and related his increased jealousy of other children to his father's presence.

Also, it was possible to interpret to Tommy his feeling that others were responsible for injuries he brought upon himself. These interpretations did not deal with the sadomasochistic aspect of his behavior nor with the mechanism of projection but mainly with his wounded narcissism. For example, one day when he bumped himself against a window and made a move as though to attack me, I asked him to show me the place on the window which had hurt him, and I remarked (as I had done on many previous occasions) that it made him very angry when he hurt himself. He nodded, said that it did, and that this was why he got angry at other people.

Progress in his analysis led to Tommy's better adjustment in the nursery school. By the end of the year, his nursery teachers reported that he had become more easily manageable. His outbursts were less frequent, his expression was happier and more relaxed. He played with other children, initiating games where he had a leading role, like conductor on a train, etc. However, he still was inhibited as to manipulative pursuits and occasionally he reverted back to his former aggressive and unpredictable behavior, although less intensively. But he no longer blamed other people when he injured himself; and the mother reported that he was able to travel on public vehicles without attacking his fellow passengers.

Tommy himself was aware of his improvement and pleased by it. He played a game with me in which he was a bear named Jackie and I was his master, and thus he explained some of the ways in which he felt he had been helped: the bear was no longer so wild, he no longer bit other animals; now, if he felt like hitting, he hit rocks instead; therefore, he no longer had to be confined in a cage.

Just before leaving for his summer vacation, Tommy showed that he

11. And perhaps a fulfillment of his scopophilic wishes.

was better able to face his fears with less resort to pathological defenses. While pretending he was a "big roaring lion" who was not afraid of anything, he paused and said, "I'm not really a great big roaring lion, I'm only a little boy who's very much afraid and wants to be petted." Later, when he was moving the chairs around my office and I recognized how much he wanted to be very strong, he said, "You know I'm really not much stronger than a little boy who's four years old; but I like to think I'm strong. It feels safer that way."

III

The mother reported that the summer in Iowa had been satisfactory. Tommy had no disturbing outbursts, and had played amiably with other children, including the cousin who had played such an important role in his infancy. The father was in a remission and had shown a much friendlier attitude toward the child who, in turn, responded favorably.

During the following period of analysis Tommy gained insight into his ambivalence conflict with his father and with Johnny as a father substitute. He admitted his fear of Johnny, although he was as strong as Johnny. He did not pretend any more to be "king of the school," in order to boss Johnny, and said that the real trouble was the "boogieman." The nursery teacher reported that he either tried to avoid Johnny, or to be less submissive toward him. On a few occasions he even engaged in fist fights with him.

Tommy's attention was now centered on the "boogieman" problem. He pretended to be a giant but even that did not do any good because the "boogieman" was much bigger than the giant. The "boogieman" would push the giant over a cliff because the giant made advances to the "boogieman's" wife. The child's need for punishment was well illustrated when once the giant fell over the cliff "without being pushed, just because he was worried about the 'boogieman.'"

At this point in the treatment, Tommy's mother was notified that her husband had been critically burned in an automobile accident. This necessitated the mother's and child's immediate departure for Iowa, where they remained for three months.

When Tommy first heard this news from his mother he cried bitterly, and then appeared to take it fairly calmly. I saw him immediately afterward. He only could express his reactions in play. He showed me how a sick man was riding in an ambulance; the man was dead, so there was no hurry to get to the hospital. The man's wife and child were glad he was dead because he had been a "bad burglar." He expressed fear lest the mother drown because she had fallen into a lake,

but immediately said she had been saved by passersby. Very anxiously he asked for air to pump into her to revive her, explaining that she was such a good mother and we must save her. He terminated the session by explaining that all was well, because the mother was there to care for the child. It is not difficult to understand Tommy's fear of his mother's death and of thus being completely abandoned; for now that his destructive wishes toward his father seemed to have materialized, what proof had he that his hostile impulses toward his mother would not likewise be realized?

From the mother's report it seemed that Tommy withstood this traumatic experience in Iowa with comparative ease. She arranged to give him as much time as possible, and while she was at the hospital with his father, Tommy seemed willing to remain with relatives. He was taken to see his father in order to convince himself that his fantasies about his injuries were exaggerated.¹² He took great delight in his father's helplessness, lighted his cigarettes for him, and offered him assistance in many other small ways.

Upon his return to the Center, Tommy appeared calm but not too calm, friendly but not overly so, and apparently happy to be back. He did, however, tell his mother that he dreaded seeing me again, because I would make him remember things he would rather forget. After a little more than a week the nursery reported that again he was provoking Johnny, was easily frustrated, and once more engaged in frequent outbursts without apparent provocation. In his analysis he expressed anxiety lest Johnny and the "boogieman" kill everyone, including him. He told me he was practicing to become a fast runner in order to run away from Johnny. He invariably saw Johnny or the "boogieman," who had become interchangeable, through windows which he had drawn and pasted on the wall.

The analysis was again disrupted by external happenings which seriously impaired the child's equilibrium. The first of these events occurred when Tommy was hit on the head by a block thrown by Johnny. Although not seriously hurt, he sustained a superficial cut, which resulted in much bleeding. He was terrified when I came to him in the pediatrician's office; he expressed his fear that now he was "just like my father," and I had to hold a mirror before him in order to reassure him.

This accident coincided with a brief convalescent visit from the father. Tommy relapsed and showed his former pathological behavior, and the mother, too, was excessively upset. She resented her husband's presence and the physical care he required, and again identified the

12. The injuries had left the father with bloodshot eyes, and with badly injured hands.

child with his father, either showing him overt hostility, or else withdrawing. For almost two months Tommy was so disturbed, and produced such violent fantasies that I discouraged their emergence.

Just when the child seemed to have partially regained his equilibrium he was bitten by a dog, which necessitated a series of rabies injections, and once more his disturbance became marked, although this time subsiding reasonably soon. But Tommy felt despair and discouragement in regard to his recent regression. He said sadly he would be "Jackie" (a game he had not played or alluded to for almost a year). We made a cage and he climbed in. Again I was master. Then, with resignation in his voice, he said the master could no longer pet Jackie or let him out of his cage because he had again become too excited. As I approached the cage he warned me not to come near, lest he hurt me. When I told him that I was not afraid because I would not let him hurt me, and that I knew together we could overcome this excitement, the child leaped happily out of his cage, trotted over to me and asked to be petted. I was able to discuss with him the several traumata he had experienced during the past few months, and to help him see the connection between these and the recurrence of his difficulties.

Not long after, when I coughed one day he remarked that his cousin, at whose house in Iowa he had stayed, had a cough too, and he had not been able to play with him for a long time. He spoke of his loneliness and resentment when his mother devoted so much time to his father, and of his anger at his father's recent visit. He referred to his identification of Johnny with his father, saying that the "boogie-man" was no longer dangerous since he had had an accident and was sick, and that "Johnny was the real 'boogieman' now." He made large penises out of clay for the father doll and very small penises for the little boy, pointing out that the little boy's penis was so small it could hardly be seen. It was better that way because the father could not see it to break it. Then with singular lack of affect, he smashed the father's penis, saying that was why the father wanted to break the little boy's penis—because that was what the little boy had done to him. Thus the child demonstrated his fantasied role in his father's injuries, and his fear of retaliation.

Tommy later acted out at home in an extreme fashion his intolerable jealousy and intense desire to injure his father. He was given two kittens whom he referred to as "husband" and "wife." Save for occasional pokes and squeezes he did not harm them seriously at first. Some time later he swung a broom wildly around the room, with increasing excitement and anger. Finally he struck the "husband" on the head, knocking the kitten unconscious. As soon as he had done this he

fell on his knees and prayed to God not to let the kitten die (this was a child who had had little, if any, religious education.) He implored the forgiveness of the "wife," explaining that he had killed the "husband" because she loved him more.

At this crucial time ringworm kept Tommy away from the Center for almost all of the two remaining months of the analytic year. I took him to lunch several times to prove my continued interest in him. On these occasions he was sad and withdrawn. He would frequently gaze into space, and it took a great deal of effort to regain his attention. He was amenable to control, sat quietly, but showed little spontaneity or interest in anything. When he told me of the "fun" he had with the children on his block he did so in a dull, listless way. When his face did not wear a sad expression it was immobile and blank.

His mother said that on the whole he was reasonable and co-operative during this period. At first he had become involved with a tough gang of older boys, and had stolen vegetables with them. While he was a member of this tough gang he reported that he was no longer wetting and that the "boogieman" no longer molested him at night. It may be that he saw in this gang a source of protection and that accounted for the temporary cessation of these symptoms which related to his castration fears. After a short time he voluntarily joined children his own age, and spent several hours a day with them on the street. As far as the mother knew he did not get into any difficulties.

Once Tommy returned for the few remaining sessions before the summer, he became somewhat more lively and less withdrawn. He began to object strenuously to my smoking and this led him to speak of his annoyance and resentment against his mother. He volunteered that she was "a much better mother than she used to be," but objected to her phases of withdrawal, when she would "smoke a lot of cigarettes, stare out the window," and he "might just as well not be there." At the same time, he emphasized that he was willing to accept his parents as they were rather than wish for a change, even though they were not perfect. The following illustrates this attitude:

Tommy pretended that he was a conductor of a train that went to a make-believe land. He invited me there, but since the ticket cost thousands of dollars he did not know whether I was prepared to spend that much. I wanted to know what it was like there, and he described it as a lovely place with trees of candy and cake. Everybody in this land was nice because they loved children. I thought it was well worth my while to spend thousands of dollars to go to such a place, but now he insisted upon giving me a free ride. He told me that both children and grownups lived in this wonderful land, and that I would live in a little

house with "just other people" because there were no families there. I said that was a good place to go if one was not happy with one's own family. He confirmed this, but said that the children did not stay there long, because even if their families were not all they wanted them to be, children did still like their own families best.

Tommy was approaching six, and arrangements were made for his enrollment in one of the more progressive public schools in the fall. It was agreed that he should continue to be brought to me for regular sessions. He was fearful at the thought of going to a strange school. He was afraid that there would be many children in his new school who were larger and stronger than he, and who might attack him. However, he was still able to maintain a certain amount of insight into the fact that these fears had more to do with the "boogieman" than with external reality.

During the summer vacation, again Tommy's mother had no difficulty with him: he seemed calm and there were no disturbing incidents. His father bought him a dog and a cat and Tommy treated both of them with loving care, apparently having built up adequate reaction formations. At no time was any break-through of aggression against these animals observed.

IV

When Tommy returned, both in appearance and behavior his deviations were more marked in certain respects: frequently he showed a strange, staring expression, and his facial immobility was more marked. A certain bizarre quality was sometimes manifested when he injected in his conversations with other staff members seemingly unrelated and senseless topics. Occasionally, when entering the building he looked forlorn and withdrawn. With me, however, he showed a wider range of emotions and for the most part a consistent contact with reality. In general, his adjustment to his environment was socially more acceptable; his behavior was more even and controlled, and he was much better able to accept limitations. He went to school willingly, eagerly packing his noon-day snack and starting out cheerfully in the morning. Twice, when his mother was ill and there was no one to take him to school, he announced that he knew the way, and took the bus trip alone. His teacher described him as being neither among the worse nor the better of the children. He was moderately conforming, did not attack other children, and adequately performed the tasks assigned him.

Unfortunately during this last year, Tommy's analytic sessions were again sporadic and infrequent, owing to a series of severe colds

and a virus infection. There were several periods in the treatment coinciding with traumatic events such as injections and other medical measures when Tommy was so violently upset that I resorted once more to reinforcing his repressions. During these very upset phases when he did verbalize any of his fantasies, these verbalizations were seemingly incoherent and chaotic. Nevertheless, it was possible partially to work through his castration fears.

As already mentioned Tommy had been wetting almost nightly and more often than not awoke in the morning literally soaked. Up to now he had alluded to this wetting only once, in the following fashion: he picked up a toy tea set, saying we would have a tea party. Filling the teapot with water, he gleefully poured the water out of the spout. When I remarked what a lot of water was coming out of the spout, he became very angry, and told me that I was a teapot. Obliging him, I pretended that I was one, and awaited his instructions as to what a teapot should do. He told me that if I were a teapot I would pour water all over my bed, because I had bad dreams of the "boogieman," and I would wake up and find my bed all wet.

Tommy again referred to his wetting by playing with a long rubber tube which he filled with water and turned off and on, demonstrating in this way both control and lack of control of the water. After this play continued for some time he implied that the water came out of the tube because it was broken. At this I commented that he was telling me the water was coming out of the tube because it was broken—and Mommy had been telling me that he was wetting his bed every night.

This interpretation led the child to more material around his castration fears. He spent many interviews telling me he did not like broken things, and looking around the office for broken toys to fix. Eventually I pointed out how comforting it would be if he really could fix everything he feared might be broken. At this point the treatment was interrupted by Tommy's illness. This virus infection necessitated blood counts and blood tests, and, later, penicillin injections, toward all of which the child displayed terror. During his absence I sent him a tool chest which delighted him, and he spent hours sawing pieces of wood apart and then triumphantly nailing them together.

When Tommy returned to his treatment his disturbance was again startling. He arrived for his first appointment with a doctor's kit, proceeded to give me an injection with a plastic needle, and unexpectedly jabbed it against my arm with such force that the needle broke. When I commented that it felt much better to be the one to do these scary things, rather than to have them done to himself, he calmed down and described in detail the ordeal he had been through, stressing that the

blood count had been the worst, because it had hurt so much and had caused the most bleeding.

Now Tommy began talking about a "Mr. Nobody." Mumbling this over and over, he refused to say who "Mr. Nobody" was or what he did, merely insisting that he was "nobody." When I remarked that whoever he might be, it seemed easier to feel that he was nobody rather than somebody, the child would admit that he *was* somebody, but that he was also *nobody*. His acute disturbance and these seemingly senseless and interminable repetitious mutterings about "Mr. Nobody" continued for three weeks. Finally one day I was involuntarily dawdling with a little empty box I had on my desk, and when he asked me what was in it, I said playfully (and also involuntarily) "Mr. Nobody." In this way I obviously caught the child's attention, and he gave me a quizzical smile. I turned the box upside down and said lightly, "See, there's Mr. Nobody coming out of it." At this he became angry, though not alarmingly so, and told me he did not know what I was talking about. I said, that was exactly the way I felt when he kept saying Mr. Nobody over and over, and I had no way of knowing what he meant, and therefore could not help him. To my surprise, the child said explosively, and with undisguised fear, that he would confess who Mr. Nobody was: Mr. Nobody was a bad man like the "boogieman" and his father was a bad man and the "boogieman," too. This time it was a short step to the child's open admission of his castration fears, and now they were accompanied with appropriate affect. He was afraid that his father was very angry with him because he was keeping his Mommy in New York so he could go to school here, and then, crying hysterically, and screaming, he burst out with the fact that he feared his father would break off his penis. The child was extremely upset, and I had to hold him on my lap and reassure him that this would not happen. In subsequent sessions, after the child had become calmer, it was possible to give him insight into the relation of his fears of injury to these basic castration fears. After this, Tommy's wetting was much improved, so that by spring he was hardly wetting and by summer he was completely dry.

Immediately after his illness, Tommy showed a reluctance to go to school. When there he would cry easily and hit out at other children. For a long while he refused to speak of this problem with me. Then one day he told me he had seen a Charlie Chaplin movie during his convalescence. While describing this he warned me not to laugh, though I was listening to him seriously. With tears streaming down his cheeks he told me that *he* thought Charlie Chaplin was tragic, not funny. He explained that he was tragic not because of the silly things he did, or because he got hit in the face with custard pies, but because he just stood

up on the screen and people laughed at him. When I told him I could see that he well understood how awful it felt to be laughed at, he began to tell me of his difficulties in his reading class at school. He had fallen behind in his reading during his illness, did not know many new words, and faltered and stumbled badly when he was to stand up to read.

It was possible now to link the child's discomfort in school with his fears of being laughed at, like Charlie Chaplin. Subsequently the connection between this fear and his masturbation emerged.

Since the mother had a particularly strong repressive attitude toward her own masturbation, she insisted that the child had never masturbated; and actually little if any masturbation had been noted by his various observers.

Toward the close of this last treatment year, Tommy was spending two afternoons a week painting and working in clay with one of the staff members who reported that while thus engaged, he often touched his hand to his penis. In his treatment, he was frequently excited and became preoccupied with building fires in the ash tray. He began gingerly to put his hand to his penis in my presence, but when conscious that I was watching him, he would quickly snatch it away. When I pointed out his obvious conflict about touching his penis, he tried to smash anything within reach, and screamed that I was a liar, the worst liar in the world, and a wicked woman to say such a thing. He claimed that I was seeing things that were not there, and that one thing he never did was even to lay a finger on his penis. He knew other children did things like that, but *he* was different. His disturbance extended beyond the sessions, and over a period of two weeks the mother told me that she had not seen him so violent and destructive since the beginning of his treatment. It was almost impossible for me to establish contact with him. When I would tentatively attempt to relate his present disturbance to the problem of masturbation, he would put his hands over his ears and screech. Finally, he stopped the screeching, no longer covered his ears, became less violent, in fact outwardly calm again, but would gaze out the window and say, "I cannot hear a word you are saying." His school reported that he was more aggressive than he had been heretofore. He was quiet and controlled with me, but would spend the sessions in stubborn silence, staring at the ceiling or doodling, usually making elongated outlines. At the same time he seemed anxious and fearful. Whenever I attempted to draw him into any kind of conversation, however innocent, he would tell me to shut my mouth.

In the meantime I learned from the mother that an exhibitionistic man had lived in the opposite apartment house, had walked in the street with his penis exposed, and had recently disappeared. Neighbor-

hood rumor had it that he was taken to jail. Tommy told his mother about this, explaining in a very serious way that an older boy had told him "the guy was very sick." When I implied to Tommy that maybe something had happened recently to upset him, I was met by the same stubborn, antagonistic attitude as before. At last I confronted him with the fact that I was seriously worried. This statement caught Tommy's attention, and he wanted to know why. I said that he was going to Iowa soon, that he was going to start a new school there, that meanwhile he was getting more upset in his present school; that I knew he was not having any fun lately, that his mother had told me he was terribly unhappy at home; and if he did not tell me what had happened, I just did not see any way of making things better for him. He began indirectly to admit that something had happened and that he might tell me about it "in a hundred years." Finally the following story emerged:

The man referred to above had stood by his window which faced Tommy's bedroom, had masturbated openly, and Tommy had watched him. He had then gone to his bed and masturbated. Now he was terrified that he too would get sick and be sent away like this man (and like his father). In addition, the boys on the block *had laughed at* this man for his "queerness." Tommy's relief when I assured him that his masturbation would not result in sickness and "jail" was tremendous. Following this session his acute disturbance at home ceased. The mother also reported that Tommy now masturbated occasionally.

Toward the end of his treatment, Tommy alluded to his homosexuality, but there was no opportunity to attempt its analysis. Although much earlier he had indicated his wish to be a girl, this wish then seemed more approachable in terms of his desires for his mother. His father's accident and consequent relatively helpless condition, together with his increased gentleness toward the child, made him probably less dangerous and increased the child's homosexual tendencies. Also, the father's past attitude had afforded satisfaction for his masochistic strivings. Tommy expressed his longings to be with his father with great intensity, and simultaneously at home showed increased antagonism toward his mother. Although part of this desire to be with his father may have been a normal expression of his need for a father, there was little doubt that it contained homosexual components. In his play he pretended to take me (a "girl") to the fair, but would warn me this was just an outing and that he had no intention of marrying; when he grew up, if he decided to live with anyone it would be with "another fellow." He emphasized that he would never get married, usually offering no reasons for this, but sometimes explaining that by not marrying he would have more money to spend on himself. The mother

had frequently complained that her husband, while in Iowa, was spending whatever extra money he had on himself rather than on her. The analytic material was insufficient to clarify the meaning of this identification, which possibly contained one or both of the following purposes: the child's endeavor to separate himself from his mother as his father had done, and thus to replace her in her relationship with the father; or an identification with the father's feminine aspects.

It is unfortunate that it was not possible either to analyze Tommy's homosexual trends or to complete the analysis of his castration complex and the role his masturbation played in this. Had this been achieved the child's chances of diverting his libido from its sadomasochistic outlets might well have been increased.

Tommy's mother had planned, several months before the termination of his analysis, to return to Iowa with him to join her husband. The child was eager to take this step, both because of his great desire to be with his father, and because he felt he would find more pleasure in country life than in city life. He hoped to get a bike that he could ride safely on the country roads; he was eager to be with his dog and cat again, and there would be room in his yard for a jungle gym. He felt that adjustment to a new school would be easy, because he would be going with his cousin and other kids whom he knew. He seemed to resolve his transference with little help from me: he would say I was a real friend, and that he hoped to visit me after he moved away from New York; however, he displayed no division of loyalty, taking it for granted that he wished to be with his family in Iowa, and that his family was different from me.

Tommy was last seen in July, 1950, when he was almost seven. At that time his moods fluctuated between days of seemingly happy and spontaneous activity, and days when he was quiet and withdrawn, displaying the immobility of facial expression already referred to, and a conspicuous lack of affect. Although occasionally he would impulsively strike out at other children, he would do so in a kind of blank, not particularly intense way, as though it were just a passing, meaningless gesture. There were no explosive, wild outbursts. Although maintaining contact with his friends, who appeared to enjoy his company, his major interest was in collecting paper, pencils and other stationery supplies in huge amounts, which he stored in the drawers of his desk. His overintensity in this activity betrayed its highly libidinized character; he was unable to put these objects to any constructive use and his sole goal seemed to be in their acquisition. The hoarding of money was also of paramount importance to him, and he took on a job walking a dog, a responsibility which he carried out with desperate reliability. On the

whole, Tommy gave the impression of being a troubled child, and people would single him out as being in some intangible way "different."

During 1950-1951 the mother has written that the child has not got into any difficulties in school, that he mingles with other children, and that he particularly enjoys working around their farm with his father, feeding the animals, and helping with the repairs. Toward his mother he has been generally antagonistic, but not violently so. Although sometimes he has moods when he readily whines and cries, there have been no uncontrollable outbursts.

As a supplement to his analytic therapy, an essential factor in Tommy's treatment was the continual effort to ease any environmental strains to which he was exposed (15), in order to prevent further pathological development. Probably the most helpful environmental influence resulted from the change effected in the mother. This change was expedited, particularly in the beginning, by the mother's identification with my accepting attitude toward the child. Later, by psychotherapy, she gained insight into her need to secure through her son vicarious satisfactions, and to mold him into the kind of person she would have liked to have been. As she came to realize the relation between her withdrawal and her great fear of her hostile impulses, her potentialities for emotional contact with her child found fuller expression. She began to take more interest in her home, she derived greater satisfaction from her role as mother, and she was no longer so self-absorbed.

Summary

In summarizing, the following factors contributed to Tommy's illness:

(1) His unsatisfactory relationship with his mother during his first years: her emotional restraint toward him; the frustration to which he was exposed through her care of his cousin from the age of five months up to a year and a half; and his two separations up to his fourth year—particularly his first at the age of two and a half, when, besides being separated from his mother, he was again exposed to a situation similar to his earlier experience with his cousin in which his jealousy was aroused.

(2) His father's damaging attitudes as manifested by his jealousy of his son; his intolerance of any childlike behavior; his lack of affection; and his aggression against both the child and mother which at times reached pathological proportions, and increased both the child's sado-masochistic tendencies and his anxiety.

(3) As a possible foundation for the child's particular irritability and oversensitivity, we should mention his birth injury, on which his mother placed so much emphasis (16).

In addition to constitutional factors, the foregoing environmental traumata resulted in the child's pathology. His object relationships were at best tenuous; he was unable to withstand the slightest frustration; and thus he reacted to the anxiety aroused by his instinctual impulses, as well as the demands from the outside world, by aggressive, uncontrollable outbursts.

It appears to us that the analytic results were determined by the fact that the child's oral-sadistic and anal-sadistic impulses were brought to consciousness and analyzed as attempts to overcome his feelings of desertion and loneliness. By offering herself to the child as a person with whom he could experience a more reliable and consistent object relationship, the therapist provided the opportunity for the correction and understanding of his frustrating experiences with his mother. He could then simultaneously express his impulses toward his mother in more acceptable ways, and build up somewhat successful reaction formations. With the lessening of anxiety and with the strengthening of his ego, his destructive tendencies and uncontrollable outbursts were greatly diminished.

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A CASE OF CHILDHOOD HALLUCINOSIS

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The following report is based on the observations made by a mother on the sudden and dramatic neurosis of her daughter, J.

Until the onset of her illness, at the age of three and a half years, J. had been to all appearances a normally developed, happy, and well-adjusted child, except for some constipation, which will be discussed below. She was somewhat precocious intellectually, and was expert in winning the admiration of adults, which she eagerly sought. She had never had any serious physical illness.

It is important that the reader know certain events which preceded the onset of J.'s neurosis. In the first place, during the last four months of her pregnancy with J., and for the next four years, J.'s mother suffered from a physical illness characterized by difficulty in walking or lifting, due to pains in her back and legs. Her health improved steadily, though slowly, and she had very little residual disability at the time J.'s neurosis began. However, she was advised to have no more children, and when asked about this by J. and her sister C., who was three years J.'s senior, she explained to the children in simple terms why another pregnancy was inadvisable. She said that both parents had made the decision, and emphasized the fact that her illness was a rare event in pregnancy, that most mothers felt perfectly well while pregnant, etc.

J. had asked the usual questions about babies and sexual anatomy in the year or two prior to her illness, and they had been answered by her mother to what the latter judged to be the limit of the child's understanding. By the age of three and a half J. knew that babies grew inside the mother, and was acquainted with the external anatomical differences between the sexes. She also knew that she had a "baby pocket" inside herself, as did all women. She had not yet learned about insemination, since she had not inquired about it. Her mother had followed the same course with regard to sexual information with J.'s sister, C., and apparently very successfully. By the time of which we are writing, C. had known the essentials of copulation and insemination for a year or more, and seemed quite content and satisfied with her knowledge of sexual matters.

J. had openly expressed her desire to have a baby of her own well before her third birthday (more than six months before the onset of her neurosis), and she has ardently longed for one ever since (she is now six and a half years old). When J. was three years old, a baby brother was born to one of her playmates.

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This naturally aroused great interest among the children, and J. talked about it a good deal at home.

Sometime about the age of two and a half years J. began to be troubled by constipation. She would retain her stool for as long as two days on occasion, with the result that she found the passage of the large, firm, fecal mass somewhat painful. She exhibited considerable anxiety about moving her bowels at such times, crying anxiously that it hurt. When the constipation first began, J.'s evident distress at stool rather disturbed her mother, who attempted to remedy the situation on a couple of occasions by inserting a small suppository to "help her" move her bowels when she was constipated. These attempts were met by violent screams and resistance on J.'s part, and were therefore given up.

At the age of three years and one month, J. spent a week with her grandparents. Her grandmother, whose insight into the meaning of J.'s constipation was intuitive and unconscious to herself, invented a "game" which she played with J. while the latter was moving her bowels. This game was that J.'s feces had names (Freddy, Mary, etc.), and that they wanted to come out! J. played this game with keen enjoyment, and insisted that it be continued after her return from her visit. When moving her bowels she would say, "Mary's coming out, here she comes!" She said that it pained her because "Mary" was so big, or that "Freddy" smelled so because he had been inside her so long. She always inspected her feces, and before flushing the toilet would bid them goodbye. She was naturally much concerned about where they went when the toilet was flushed.

J.'s mother could not recall the time of onset of genital masturbation for pleasure, but knew that it was before J.'s third birthday. This activity had been discouraged only to the extent that as she grew older, J. had been told that strangers might not like to see her do it, and that it was best to do it only at home. No attempt was made to enforce this advice, and apparently J. did not observe it strictly, though she tended to follow it. Casual observation indicated that bedtime was a common occasion for masturbation.

Finally, we may say that J. customarily went to bed cheerfully at bedtime, and slept in the dark with the door shut (although her sister did not), for eleven or twelve hours each night.

On the night her neurosis began J. had been put to bed as usual. Shortly thereafter (almost certainly before she had had a chance to fall asleep) she began to scream. It was a tense, terrified scream, which her mother did not remember ever having heard from J. Quickly going into her room, she found J. crouched in a corner of her bed, shivering and trembling as she brushed her nightgown violently with both hands. When questioned, J. kept screaming that there were bugs crawling all over her, and pointed them out to her mother on the bedclothes and on the walls. Even after the lights had been turned on, and her mother had reassured her that there were no bugs in the room, and that everything was all right, J. continued to scream in terror and to see bugs all about her. Her eyes were wide, the pupils dilated with fright, her whole body trembled, and her voice was shrill with fear.

Since she could not be calmed by reassurance, J. was finally taken into her parents' bed and spent the night there. She insisted that the lamp over the bed be kept on, and she stayed awake the whole night. The few times she started to doze, the screaming and trembling, which had subsided, began again, and she climbed over on top of her mother, and lay there whimpering and shivering. As daylight appeared, she at last fell asleep, but an hour later she was awake again, this time quite cheerful. She said, "I guess there were bugs here last night, but I don't see any now," and she carefully turned back the pillow and pulled back the sheets and blankets in search of insect life.

After J. had had a very meager breakfast, her mother tried to induce her to lie down and rest, thinking that she would be exhausted, but J. refused. Apparently she was not tired. During that day, and for the next two days as well, she limited her diet, which had till then been normally varied, to peanut butter and peanuts. An important clue to the meaning of this behavior seemed to be that she insisted on calling them "penis butter" and "penises" respectively. It should be added that J.'s father was particularly fond of peanut butter, for which J. herself had previously shown no great liking. After the first three days she gradually accepted other foods again, but for several weeks she continued to eat peanuts between meals as well as at mealtime. Her passion for peanut butter was shorter lived, and did not develop into a lasting fondness for the food, as was the case with peanuts.

During the first morning after the hallucinatory episode, J.'s mother began questioning her while C. was at school, without letting J. know that she was especially concerned about what had happened. J. proved to be very eager to talk about the bugs, and answered her mother's questions with voluble excitement. On being asked what the bugs looked like, she replied, "They're shadows, and the shadow is a bird, and it eats up rabbits. They want to live in a small house, and they will cry if we don't have a very small house. Shadows crawl up little girls' beds." Then, pointing to her mother, she said, "You are a very fat [i.e., pregnant] mother," and added, "The baby is crying, baby J."

When asked if she could draw a picture of a shadow, she took a pencil and eagerly drew a few wiggly lines, which she said was a shadow. Then, a short distance away, she drew a circle which she blacked in, explaining that it was an arm. She next drew a head, with two eyes and a mouth, and connected it by a long line with the "arm." "That's a baby!" she exclaimed. Suddenly she ran to her crayon box and returned with a red crayon.

"What do you need a red crayon for?"

"The baby has red hair." (C. had red hair, which was greatly admired. J. was a brunette.)

Directly over the head she drew an elongated shape.

"And that?"

"Oh, the mother is going to hold the knife [pointing to the elongated shape] and cut."

"Cut what?"

"Cut—, cut— [this was her first hesitation], cut the meat. I need the red

crayon to draw the meat. I'll show you that 'fraidy cat, the baby. A baby sister with red curls. No, she's not going to have red curls, *black* curls. Doesn't she look pretty?"

She immediately began another drawing, which she described as "a fat woman, a big fat slob." (To J. "slob" was an epithet of opprobrium.) She said, "The lady is fat because she has a baby. Not all fat ladies have babies." For the rest of the day, and for several days thereafter, J. spoke baby talk, walked around the house with her dish of peanuts, and tried to get the cat to scratch her, which of course he did. She said, "Poor kitty has no bed to sleep in. Maybe he should sleep in my bed." J. also asked if her penis had been cut off, and she was observed to masturbate much more than formerly. She was apparently neither more nor less secretive about her masturbation than she had been.

The night terrors continued acutely for about a week, and gradually tapered off, with milder recurrences in the next six months. It was not until the age of five years and nine months that she was finally able to go to sleep without a light burning in her room. She continued to be afraid of real bugs (mosquitoes, flies) for many months after she stopped having spontaneous night terrors, and if one was in her room at night, she would scream for someone to come and kill it. She gradually became able to look at bugs during the daytime if someone was with her, but obviously had considerable anxiety even then.

From what J. had told her on the day after the first episode of hallucinations, J.'s mother concluded that bugs were babies, who somehow crawled into little girls' beds, that J.'s sister was going to be killed by her mother, and that only J. would be left. The explanation that perhaps a playmate had frightened J. seemed unlikely, so that afternoon the mother asked C. if she had told J. anything about babies. C. replied that she had, on the day before. "She asked me, so I told her all about babies." The information she had given J. of course included C.'s full knowledge about copulation and insemination.² From C.'s manner it did not appear that it had been given with any intention of frightening J., nor did it seem that J. was disturbed at the time C. told her about babies. It was only after she had been put to bed and was lying alone in the dark that she suddenly became overwhelmed with terror for some reason that was undoubtedly connected with her own ardent desire to have a baby.

The final, and most illuminating information concerning the genesis of J.'s hallucinosis came quite unexpectedly when she was five years and two months old. She was playing with her parents on their bed one evening when she accidentally kicked her father on the thigh. When he winced, she asked, "Did I kick you in the balls?" This was something she had done several times on purpose.

Her father replied, "No. Almost."

"What are balls?"

"The two things behind my penis."

(Laughing) "You have three penises."

2. Judging from later conversations, this information was probably expressed about as follows: "The daddy puts his penis in the mother's vagina, and the seed from his penis goes into the vagina. Then that seed joins the seed inside the mother, and that makes the baby."

"No, two balls and a penis."

"You mean the thing like this?" (cupping her hands).

"Yes, there are two balls in it."

At this point her mother interjected, "Tell her what they do."

"The seeds grow in them," the father said.

"The man's seeds," the mother added.

"You mean they [the balls] touch the woman's vagina?" J. asked.

"No, they just grow there," her father answered. "They go out through the penis."

"You know what I used to think when I was two years old?" J. asked with a laugh. ("Two years old" was her usual phrase for "When I was little.") "I used to think the seeds flew out of the man's penis and flew around in the air, and flew into the vagina." She continued more seriously, "But they couldn't do that, could they?"

"No, the penis has to go into the vagina," her father answered.

"Because they don't have wings, do they, like flies or butterflies?"

"No, they don't."

In this way, nearly two years after the onset of her symptoms, J. revealed the meaning of the "bugs" that had so terrified her. They were male "seeds" that were flying around in the air and would or might enter her vagina.

Any explanation of J.'s neurosis, if it is to be satisfactory, must first make clear why her hallucinosis appeared with such dramatic suddenness in the evening after she had been told about insemination by her sister, and must also make understandable to us the various symptoms which she exhibited during the days and weeks following the onset of her hallucinations.

That her acute symptoms were related to her desire to have a baby seems an inescapable conclusion, and indeed it was this insight that prompted her mother to question C., and so discover what she had told J. about babies. As has already been said, J. had expressed her desire for a baby many months before the outburst in question. Whether this desire was the original cause of her constipation, and of the accompanying symptom of anxiety on defecation, cannot be decided with certainty on the basis of the information available. However, we can say that from the age of three years, one month, when her grandmother invented the toilet game, J. consciously connected her bowel movements with her wish to have babies, and quite frankly attributed her difficulty in defecation to the fact that her "children" had grown too large inside her. It seems fair, therefore, to conclude that for several months before her hallucinosis began J.'s desire for a baby had been the source of pathogenic conflict.

Further evidence of the fears associated with the wish to have a baby was furnished by an episode which occurred when J. was four

years old. At that time an adult cousin of J.'s and her six-month-old baby spent the afternoon at J.'s house. J. hovered over the baby during the entire visit like a little mother, and following the visit had severe constipation. About three days after the visit, J. complained of pains in her legs, which caused her such discomfort that her mother was alarmed at first. She was reassured when, on closer questioning, J. was inconsistent as to the location of the pains, and described them as being just like the ones from which her mother had suffered. Apparently J. feared that, if she had a baby, she would fall ill as her mother had done. At the age of five years, while playing one day with a doll which she told her mother was her baby, she said, "This baby didn't give me a bad leg at all." This was the customary phrase for describing her mother's disability.

As a final note, which is incidental to our main interest in this case, we may add that by the time J. was four and a half years old, she had given up her toilet game, and ceased complaining of discomfort when moving her bowels. She has not been constipated since that age, and is normally casual and self-regulated in her bowel habits.

What then accounts for the fact that as J. lay in bed that evening, her desire for a baby overwhelmed her with anxiety and produced such severe and dramatic symptoms, instead of merely constipation and some anxiety at defecation, as it had done up till that time? Her chief and immediate symptom was seeing the "bugs" crawling all about her, which she tried to brush off her nightgown. From what she said a year and eight months later, we know that the "bugs" were "the man's seeds," and that she feared they would fly into her vagina and impregnate her. If we compare the meaning of this symptom with what she had been told a few hours earlier by her sister, we see that in the symptom J. had eliminated one fact about conception which she had just learned: the penetration of the penis into the vagina.³ From this suppression, this denial of reality, we may conclude that the source of J.'s anxiety was the idea of being penetrated by a man's penis (presumably her father's), which she had just learned was the way one got pregnant. And indeed it is easy to show that each of the symptoms which her mother's careful observation has recorded for us is readily explained by this conclusion.

The child's fear that the bugs were flying or crawling into her, and her frantic attempts to keep away from them and to brush them off we now understand as a direct expression of her fear of penetration, while the "bugs" were the longed-for "man's seeds" *without* the dreaded penis. Her refusal for several days to eat anything except "penises" is easily understood as a compromise between her wish to have the penis

3. I am indebted to Dr. M. Wanhg for this illuminating observation.

inside her and her rejection of the wish to be impregnated, expressed in oral terms. She wanted the family cat (a male) to sleep with her, and provoked him to scratch her, a much less dangerous and more familiar assault than the one she so desired and feared. Her question whether she had lost her penis was again a direct expression of the fear of genital injury, the essence of her reaction to her newly gained knowledge, while her increased masturbation resulted from the stimulation of genital interest and fantasies which followed upon the information her sister had given her. The fact that she talked only baby talk for several days is less easy to explain with certainty. Perhaps she was acting out her wish to have a baby by being like one. Even the story she told in the morning as she was drawing pictures, about the mother killing the red-haired child (C.), was probably an expression of her rage at C. for having told her such a terrifying story the day before about how a woman gets pregnant. In short, there are but two outstanding features of her symptomatology which we cannot explain: why bugs were chosen to represent penis/seeds, and why she actually *saw* the "bugs." The first of these we might expect to be able to explain if we knew more about J.'s earlier experiences—presumably some specific memory or memories determined the choice of "bugs" as symbols. The second brings us face to face with the whole problem of hallucinations, about which we still know so little, and on which this case unfortunately seems to throw no new light.

If we attempt to reconstruct J.'s experiences just prior to the outbreak of her symptoms, we may assume that as she lay in bed, her wish for a baby became the subject of her thoughts, as it doubtless had on many similar occasions in the past. This time, however, because of her newly gained knowledge, the wish for a baby gave rise to a fantasy of intercourse with her father, and we are led to assume that the idea of his relatively huge penis penetrating her gave rise to the fear that it would be like the painful and frightening bowel movements which she had at times, and also to the fear that it would be like a repetition of her mother's attempts to insert a suppository into her anus a year before, attempts which resulted in J.'s being overcome by the most violent emotions. Added to these two fears was undoubtedly the fear of being made ill like her mother by becoming pregnant, which may have been intensified by guilt, since it was she herself who had been the cause of her mother's illness. However, this last fear should not have been affected by the information which C. had given her that day, and in fact there is no evidence in the symptoms which she developed at that time that it played a great part in their genesis.

An interesting postscript to J.'s neurosis, which is quite in line with our assumption that it was due to her fear of penetration (genital injury), was furnished by an event which occurred when she was five years and ten months old. At that time she had been sleeping in the dark for about a month, which as far as could be observed, marked the end, symptomatically speaking, of the neurosis which we have been considering. One day a longed for event occurred: one of her lower incisors became loose. She had been very eager to lose a tooth, as a sign of maturity, and very jealous of those of her playmates who had lost teeth. Yet that night she had to have the light on in her room all night, and continued to require this for nearly five months thereafter, after which time she again began to sleep in the dark without fear. This relapse is all the more striking in that only a week before, one of her playmates (a girl) was hurt while coasting, and after a day was taken to the hospital for an emergency splenectomy. The playmate's two siblings spent the night at J.'s house, and they arrived accompanied by a weeping aunt, so that the event was quite a dramatic one, yet it did not cause a relapse in symptoms as did the loosening of her tooth, though the latter was consciously greeted with elation!

In attempting to draw conclusions of any general nature from this case, we must realize that our knowledge concerning it may well be incomplete, since J.'s neurosis was not subjected to analysis *lege artis*, but has instead been reconstructed from data observed in a nontherapeutic setting. Thus our investigation of J.'s mental processes has not employed the most powerful tool we possess for the study of the unconscious—analysis. As a result, we cannot be sure, for example, of the importance of anxiety about castrative impulses in the genesis of J.'s symptoms. How large or how small a part they played we simply do not know, nor can we do more than guess at the possible participation of other fears and wishes than those already discussed.

However, while admitting the possible incompleteness of the formulation we have advanced to account for the onset of J.'s neurosis, we are still in a position to make certain comments. In the first place we can see clearly that in this case a neurosis of considerable severity developed in a child because it was frightened by its own wishes, even though the setting in which they appeared was neither exciting nor terrifying. Some analysts have espoused the view that neurosis is the result of mistreatment of the child by its environment. For example, Balint (1) stated, "Man falls ill because his environment has treated him more or less un-understandingly ever since his childhood. He has been denied satisfactions which were essential, and on the contrary had others forced upon him which were superfluous, unimportant, even harmful." With respect to the case in hand we can contradict this view directly, and can say with assurance that our patient fell ill when she found that her intense wish to be impregnated by her father would necessitate the

act of vaginal penetration. It was the prospect of narcissistic injury incident to this act which terrified her and made her ill, and in this case we can observe clearly how great, and how disorganizing to the ego the fear of such injury can be.

Because J.'s mother was such a capable and understanding observer, we are also in possession of certain facts about J.'s premorbid history which make possible the fairly reliable inference that J.'s fear of genital injury by a man was derived from (fantasied in terms of) certain earlier experiences which centered around anal function and which involved her mother (insertion of suppositories, and painful distention of anal sphincter following fecal retention). This dependence of oedipal fantasies on preoedipal experiences is in support of the views of Freud (3) and Fenichel (2) on the subject.

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PRECURSORS OF SOME PSYCHOANALYTIC IDEAS ABOUT CHILDREN IN THE SIXTEENTH AND SEVENTEENTH CENTURIES

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The twentieth century will probably be recognized as the one in which great advance has been made in the understanding of children. All kinds of child care reform have been introduced, based on investigations and scientific research. Facilities have been obtained to set up modern institutions of all types, schools, child guidance clinics, reform schools, hospital clinics and hospitals for children. Teachers have to undergo a long training, doctors a specialized training in pediatrics and parents are given the opportunity to get professional advice, help and guidance in all spheres of child care. Often such advice, as how to behave toward their children and how to handle them, is even thrust unasked upon parents. Child psychology is the backbone of all these modern attempts of child care.

It is therefore surprising to find, in looking over the literature on education and pediatrics of the former centuries, that even in the sixteenth century some of the present-day twentieth century problems were discussed and considered; and that what is only adopted now as being psychologically sound was then, in the sixteenth and seventeenth centuries, encouraged by the leading educators and medical men of that time without the psychological knowledge and understanding of this modern age.

Breast feeding has been a problem much discussed over the centuries. Even during the last fifty years, whether an infant is better off at the mother's breast, given breast milk from another mother, or bottle fed, has been a controversial subject among obstetricians and pediatricians. While some doctors favored the mothers nursing their infants, many were of the opinion that by prescribing formulas (which secured practically the same nutritive value as mothers milk), they had the feeding situations much more under their control. In this way they avoided the irregularities of quantity and quality caused by breast feeding. Nurses, too, from their observations and close contact with the mothers and babies, felt that the infants were better off when the feed-

ings could be regulated. They noticed that every worry and disturbance of the mother affected her milk and therefore the infant, and so were glad to substitute a bottle for the breast. The mothers themselves were divided, some preferring not to nurse their infants for practical reasons, e.g., so that they could continue working, or not be tied to the infant; so that they would not lose their figure; or because of some other fear of the nursing situation. Other mothers preferred to nurse their infants; they enjoyed the nursing situation, the closeness of the tie, and felt it was the natural thing to do. These mothers were surprised, when they wished to breast-feed their infants, that they were not encouraged to do so, either by the doctor or by the nurse, but that at the first difficulty in the nursing situation they were discouraged from further attempts and the infant immediately put on a formula.

It was only gradually that, through the teachings of psychoanalysis and the understanding of psychoanalytic theories, the significance of the oral zone on the development of the child was realized, in the first place with regard to the feeding situation. Not only is the taking in of nourishment pleasurable, but the mouthing and playing with the nipple and biting it is experienced as a pleasurable sensation. These first experiences in enjoyment are valuable for the child's later feeding habits as well as general development. Analysis showed how these earliest oral pleasures point the way for the child to the first concentration of feeling on an object in the external world, namely the mother, who provides these pleasures. Where the mother does not breast-feed the child herself one of the bridges is lacking which leads from bodily gratification to object relationship. The close bodily contact between mother and child, the mother's feeding, handling and loving care of the infant is therefore of the utmost importance for the child's well-being and growth; separation from the mother had all kinds of impoverishing consequences, even in the first days and weeks of life; that this early close mother-child relationship is the kernel on which all other relationships are built.

One of the modern experiments of today is the Rooming-in at Grace-New Haven Community Hospital, pioneered by Dr. Edith B. Jackson. The doctors and nurses give these mothers every encouragement to breast-feed their babies, and when difficulties arise in the feeding situation they try to help the mothers to overcome them. The novelty of this experiment, however, lies in the "rooming-in," that is, the mothers keep their infants in the room with them, instead of in a separated nursery as is customary.¹ In this way the infants, from their

1. Similar views are expressed and applied to procedure, though not on the basis of psychoanalytic considerations by Prof. Sir James Spence.

first hours of life, are never separated from their mothers, the closeness of the mother-child relationship, with all its emotional factors, is recognized as most important for the infant's present welfare as well as future development. The mothers are encouraged to take notice of their infants, to handle and to care for them. Thus the infants get their own mothers' unhindered attention instead of the impersonal attention of the nurses. And under the care and guidance of the doctors and nurses, the mothers gain confidence and assurance in the handling of their infants, which also reacts favorably on the infants.

Dr. Jackson rightly points out that in the beginning of the century increased knowledge and control in the fields of bacteriology and nutrition made for rigid schedules and impersonal hospital routine. This affected the point of view of doctors and nurses in the handling of their patients in and out of hospitals. The advantage of formula feeding as against breast feeding was a natural consequence of this trend.

What is surprising, however, is to find a similar controversy in the sixteenth and seventeenth centuries, not over breast feeding as against bottle feeding, but in respect of mothers who nursed their own infants as against mothers who gave them over to other women to be nursed. It was the custom in those days for women of the well-to-do classes to have wet nurses, or in some countries, England and France, to farm out their infants.

From the diary of John Evelyn, born 1620, we have a description of his early days:

I was now (in regard to my mother's weakness, or rather customs of quality) put to nurse to one Peter, a neighbour's wife and tenant, of good, comely, brown, wholesome complexion, in a most sweet place towards the hills, flanked with wood and refreshed with streams, the affection to which kind of solitude I sucked in with my very milk. [It appears that he was kept in this foster-home for fifteen months.]

In the memoirs of the Verney family, Margaret Verney (1647) is mentioned as sending her boy of three weeks with his wet nurse to Claydon, the nurse's home. They travel on horseback. The mother writes to her husband who worries about the trip on horseback for the baby: "Truly I think it will be a very good way, for the child will not endure to be long out of one's arms."

The death rate of even these supposedly better cared for infants was great and the death rate of infants of the wet nurses themselves was appalling. Some doctors and educators took up the fight against this practice and tried to influence mothers to nurse their own babies.

Tradition, custom and superstition was so strong that these enlightened educators made little headway at this time.

As the following examples show, doctors pointed out to mothers the possibility of the nurse substituting one infant for the other; the danger of the nurse infecting the infant with some illness of hers; the fear that some bad character trait of the nurse might be sucked in with the milk as was commonly believed. It does not seem astonishing that doctors tried to make the mothers aware of these dangers, but it is surprising to find that they mention such psychological reasons as the necessity of breast feeding the infant for the sake of the mother-child relationship; the nursing situation as a pleasure rather than a duty; and that nursing was advantageous for the mother as well as for the child. The nervousness of the mother affecting her milk was also mentioned.

Comenius, 1592-1670, counseled mothers to nurse their own children.

Jacques Guilleneaux wrote a book on the nursing of children, translated into English 1612, in which he gave reasons why a child should not be delivered to another woman to nurse:

- (1) Danger of substitution.
 - (2) "That the natural affection which should be betwixt mother and child by this means is diminished."
 - (3) "It may be feared that some bad condition or inhibition may be derived from the nurse into the child."
 - (4) Fear to communicate some imperfection of her body into the child.
- Guilleneaux said further:

I would have you imitate Blanche of Castile sometime Queen of France, who nursed the King St. Lewis, her sonne her owne self. . . . A great Ladie of the Court gave him sucke to still him and make him quiet, which coming to the Queenes eare she presently took the child and thrust her finger so far downe into his throat that she made him vomit all the milke he had suckt of the said Ladie, being very angry that any woman should give her child sucke but her selfe.

Claude Guillet, 1655, of Leyden, in "Callepaedie," translated into English by the Poet Laureats Nicholas Rowe, abused in verse the mothers who did not nurse their babies.

Say therefore are not those absurdly vain
Who cause their Children's Fate and then complain;
Who with a hopeful beauteous offspring blest
Forget themselves, and hire unwholsom Breasts;
And to some common Wretch commit the care,
Of Infant Celia or the future Heir;

Besides Desiases and unnumbered Ills
 That latent Spread and flow in Milky Rills
 That from bad teats and putrid Channels pass
 And Taint the Blood and mingle with the Mass,
 The noxious Food conveys a greater Curse
 And gives the meaner Passions of the Nurse.

D. Wm. Cadogan (1748) urged mothers to nurse their children.

I am quite at a loss to account for the practice of sending infants out of doors to be suckled or dry nursed by another woman, who has not so much understanding, nor can have so much affection for it as the parents: and how it comes to pass that people of good sense and easy circumstances will not give themselves the pains to watch over the health and welfare of their children. . . . The ancient custom of exposing them to wild beasts or drowning them would certainly be a much quicker and more humane way of dispatching them.

Hugh Smith a doctor (1772) in a series of letters gave advice to mothers. In Letter VII he wrote that for mothers to suckle their children would prove to be a pleasure rather than a fatigue, and in Letter V gave arguments in favor of suckling as well for the mother's sake as the child's and the evils apprehended in delivering children to the care of foster nurses.

In Richter's *Levana*, 1807, he writes: "As regards the physical empoisonment of the milk by mental excitement, I should prefer the nurse to the lady. . . . A lady, whom a false stitch of her maid, like the sting of a tarantula, sets into an armed dance, may poison it 3 or 4 times a day."

Artists as well as poets have, over the ages, pictured the nursing scene as representing the highest conception of mother love and the nursing baby as showing blissful contentment. What has happened to the maternal instinct and the natural pleasure of the mother in feeding her infant, that she is willing to give up nursing her child? Even her maternal possessiveness is lacking, for she gives up the closest possible relationship to others, or abandons it in favor of a substitute type of feeding. She apparently struggles little against tradition, custom or the changeable advice of doctors.

It would be possible to attempt tentative answers to these questions, but far more interesting to probe into the deeper layers of the mind through the analysis of mothers, thus gaining greater understanding of the unconscious conflicts, wishes and anxieties symbolized in the nursing situation. A first attempt of this kind has been made by Dr. M. P. Middlemore in her book *The Nursing Couple*.

FEEDING

In modern times, the feeding of children has been much under discussion owing to the greater knowledge of food values as well as to the increased number of feeding problems among children. Dr. Clara M. Davis in 1931 started an experiment in an orthopedic ward of a children's hospital in Chicago, where she gave children the opportunity of selecting their own food and of eating as much or as little as they pleased. She also laid little stress on manners. Dr. Davis carried this experiment still further by supplying infants with a variety of formula feedings, allowing the babies to taste and enjoy or taste and reject what was offered to them. This experiment proved that children selected balanced diets over a period of time and ate with pleasure as much as they required to keep them well nourished.

Psychoanalysis has pointed out that the natural craving of a child for food and the satisfaction it acquires in eating should not be disturbed. For a child to take in nourishment against its will or without pleasure can lead to certain eating difficulties. Forcing it to eat a prescribed diet, or certain quantities of food at fixed times and in an established manner is a way of spoiling the appetite and is conducive to forming feeding fads and habits.

Except for prescribed diets little is found in the literature of former times about children's feeding habits. Stress is put on children's manners, love of sweets and prevention of greed and gluttony. A few doctors and educators show a certain astonishment that children are not allowed to follow the dictate of nature and eat what they enjoy.

Locke (1692) was swayed by what he considered a child should or should not eat, and he was afraid of evoking a child's greed. For instance meat was supposed to be harmful while bread was essential for a child. He thought that a child learns to eat what is good for him through custom. But of bread he says: "If he be not hungry, 'tis not fit he should eat." And:

That you will not teach him to eat more nor oftener than nature requires. I do not think that all people's appetite are alike; some have naturally stronger and some weaker stomachs. But this I think, that many are made gourmands and gluttons by custom, that were not so by nature.

Concerning the timing of meals he says:

I should think it best, that as much as it can be conveniently avoided, they should not be kept constantly to an hour: for when custom has fix'd his eating to certain stated periods, his stomach will expect victuals at the

usual hour, and grow peevish if he passes it; either fretting itself into a troublesome excess, or flagging into a downright want of appetite.

Locke it seems realized that if you upset the enjoyment of eating, disturbances occur.

Cadogan (1748) in a letter to one of the Governors of the Foundling Hospital writes:

In the business of nursing, as well as physick, art is destructive if it does not exactly copy this original. When a child is first born, there seems to be no provision at all made for it; for the mother's milk seldom comes till the third day, so that according to nature, a child could be left a day and a half, or two days, without any food; to me, a very sufficient proof that it wants none.

And about feedings: "I would prevail therefore, that the child be not awakened out of its sleep to be fed, as is commonly done."

Richter's Levana also mentions the timing of food:

As early as possible determine the hours of eating, and consequently the times for sleep; only observing that in the first years the intervals must be more frequent and shorter than afterwards. The stomach is such a creature of habit, such a time keeper, that if, when hungry, we delay its usual period of gratification for a few hours, it does nothing but reject food.

The feeding problems of the past apparently had to do with the fear of children overeating, overindulging themselves, while the present-day problems are concerned rather with children's lack of appetite and undereating, resulting in undernourishment.

ILLNESS

What has come latest and with the greatest resistance in this century has been the acceptance of more modern methods of treating children who are ill. Up to a short time ago the physical symptoms took precedence and excluded everything else. Doctors and nurses did not take any notice of the child's usual existence, its parents, its environment, its habits; they concentrated on the child's illness, everything else was a hindrance to them. The illness was their concern and the cure of the children their sole responsibility. It is only very lately that, owing to the analytic findings as to the connection between the child's emotional life and its physical well-being, an effort has come to be made not to forget the child while one treats the illness. The child's relationship to its parents, its daily life, wishes, habits, idiosyncrasies are all taken into account as well as its illness. Attempts are made to avoid separating the child from its mother during the illness; or, if this is

unavoidable, to prepare the child for the separation. That emotional factors can aggravate an illness, or even produce one, is now a recognized fact. Operations, painful and unpleasant treatments, even changed surroundings are recognized as potentially traumatic events in the child's life. To choose, if possible, a favorable period in the child's development, and to prepare the child for these events, is considered a method of lessening the shocks, such as tonsillectomy and circumcision.

The problem of children separated from their mothers has been in recent years, and still is, under constant observation. The enforced separations of the wartime evacuations have shown up the danger to children's development. The operation in the Hampstead Nurseries² of the system of allowing parents' visits at all times, whenever they could manage it, has shown how the children reacted to long and short separations and to no separations. The results of an investigation into the effects of hospitalization on children, which is being carried out by Dr. John Bowlby, will soon be published.

Dr. B. W. MacLennan in an article, "Non-Medical Care of Clinically Ill Children in Hospital," 1949, urges that the closest co-operation should be maintained between medical staff and parents and that parents should be encouraged to visit. He stresses the need of a child for at least one adult with whom it can feel secure; if it is especially ill and removed to a room alone for the sake of quietness, it needs a special nurse, or the mother. Dr. MacLennan suggests dividing the wards into families; the family consisting of doctor, sister or staff nurse and one or two junior nurses to be allocated to a small group of children.

All these suggestions are directed to giving the child a sense of security and confidence.

In a discussion on a preliminary report on "Observations on the Emotional Reactions of Children to Tonsillectomy and Adenoidectomy," Lucie Jessner and Samuel Kaplan, 1949, the importance is urged of the child's preparation for the operation by the mother, or preferably by some trained person, before hospitalization. Also that while in the hospital "unnecessary frightening sights and sounds be avoided wherever possible."

These are efforts to save the child emotional shocks.

A proposed experiment in the Home Care of Seriously Ill Children, sponsored by Dr. F. S. W. Brimblecombe in connection with the Paediatric Unit of St. Mary's Hospital Medical School, is now under consideration. A mobile hospital team would be formed with doctors,

2. Cf. Anna Freud and Dorothy T. Burlingham, *War and Children*, 1942, and *Infants Without Families*, 1944. London: George Allen & Unwin, and New York: Int. Univ. Press.

nurses, and an ambulance with diagnostic and therapeutic equipment, in connection with the parent hospital. The co-operation of the general practitioner connected with the case and the social services of the district would be essential. The choice of case would depend on the home conditions and the personality and intelligence of the parents. Children of under five are contemplated, and especially cases of breast-fed infants. But all cases except certain fever cases could be cared for. This unit would then serve the ill child at home, giving it practically all the services it would have in a hospital. In this way the child would not have to be removed from its normal surroundings and especially from the care of its mother. The mother would feel secure that she was doing the best for her child by having the guidance and supervision of the doctors and nurses.

In 1947 the Montefiore Hospital in New York started a home care service of this kind for children with rheumatism. It is not, however, expressly stated on what psychological considerations this work is based.

Nearly identical action was taken, though not on psychoanalytic principles, by Professor Sir James Spence. Professor Spence has suggested and carried out new reforms in children's hospitals in Newcastle-upon-Tyne. His insight into childhood, the child's need as well as the parents', has been the foundation of his reforms. Mothers and infants are kept together in maternity hospitals. A small number of mothers can remain with their children and care for them when seriously ill under the supervision of the trained staff.

Professor Spence suggests that in the children's department there should be small units of five to eight beds, and rooms for two children and single rooms. He does not believe in isolating medical and surgical cases, but suggests that children should be in wards according to age, temperament and nature of their illness. Each unit should contain a treatment room in which all dressings, lumbar punctures and other painful manipulations can be carried out, and where anesthesia will be frequently used. There should be a whole-time worker in the unit, who should have a room near or as part of it.

Professor Spence has been carrying on a home care service for children with tuberculosis for several years. Children are brought for treatments to the out-patients' department of the hospital and returned the same day by ambulance. Professor Spence's Department of Child Health runs a scheme of home care for premature infants. In connection with this scheme, Dr. F. J. W. Miller, Professor Spence's chief assistant, who runs this service, stresses the fact that home care has a good psychological effect on the family.

If analysts and others today point out the harm done to the child whose emotional life is neglected during illness, and stress the need for security in familiar surroundings with the mother close at hand to make it possible for the child to cope with pain, therapeutic measures, etc.,—in the past commonsense and an open mind have led medical and other authors to make similar suggestions.

The following advice is given in Richter's *Levana* as to the care of children who are ill.

The heat of fever can only be allayed by what the child fancies. . . . I will give yet one other piece of good advice, the very best, to women: that is, when a child is really ill to do nothing whatever—especially nothing new—not to change or moderate temperature—to give him what he wishes to eat or drink—to say nothing if he fast for a few days.

When a child cries during an illness: "In the second kind of crying, . . . that caused by illness, the gentle, soothing mother's voice is in its right place—namely, by the sick bed."

Richter also points out the harm that fear as such can create. He tries to counteract the superstition that the sickness of the mother is repeated in the child.

And it is for this very reason that superstitions, fancies about marks, misbirths and similar things ought to be so much guarded against; not because what is dreaded brings the fulfilment, but because it, along with those evils which are produced by alarm before a thing occurs and undue anxiety after it has happened, weakens the body, and brings for the sufferer years of trouble.

Dr. M. Brouzet (France 1754) in a section of a book on the *Leanness of Children* mentions that jealousy is among the causes of poor nutrition in infants.

When it is suspected that this leanness is owing to the infant's pining, we should discover what it is that makes him pine and we shall generally perceive that greater fondness is shown to some other infant in the house than to him, and on this account he is filled with jealousy. We cannot conceive the sensibility of an infant in this respect: he conceals his uneasiness within his own heart and keeps it an impenetrable secret; we must guess at his pain. The only means of discovery is to show less fondness to his brother or sister to whom there has been shown a great deal.

We should then carefully observe his eyes and we shall soon know if his disorder proceeds from jealousy: for if it does, he will no sooner perceive this change than his looks will become serene and he will appear less melancholy and thoughtful than usual. . . . That infants are capable of jealousy is a point that cannot be doubted, they are so even while at the

breast. "I have seen," says M. Austin, "an infant jealous that could not pronounce a single word, and with a pale look and angry eye already look at another infant that sucked with him."

In 1722 George Armstrong started the first dispensary in England for children. An institution for the in-patient treatment of children was also suggested, but not adopted as it was considered impracticable. George Armstrong gave the following reasons for the impossibility of carrying out such a project. "But a very little reflection will clearly convince any thinking person that such a scheme as this can never be executed. If you take away a sick child from its parent or nurse you break its heart immediately; and if there must be a nurse to each child what kind of a hospital must there be to contain any number of them?"

No analyst who, with the help of the analytic technique, has explored the hidden emotions in the child's mind could find a stronger or more appropriate expression than this of Armstrong's for the depth of emotion experienced by the infant, when deprived of his most important love object, during the miseries of a bodily illness.

THE PSYCHOGENIC DISEASES IN INFANCY

An Attempt at Their Etiologic Classification

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I. INTRODUCTION

In the following we will attempt to enumerate the psychogenic manifestations we have been able to observe in the course of the first year of life, which impressed us as deviating from the picture offered by the normal infant. We consider these manifestations as abnormal because, on the one hand, they are to be found only in a relatively small minority of children at that particular age. On the other hand, one and all seem to be the result of a damaging process taking place in the infant. In each of these manifestations we have been able to establish a psychogenic factor, without excluding that in some of them other factors, e.g., congenital ones, may be present. We will attempt to formulate these different manifestations as distinct nosological pictures, and then to classify them according to certain principles to be discussed further on.

Any study of psychogenic conditions in infancy will have to begin by making a clear distinction between adult and infant psychiatry. The reason for this lies in the structural and environmental differences involved. The infant does not possess the same personality structure as the adult, while at the same time the infant's environment also is vastly dissimilar from that of the grownup.

To begin with the personality: The adult personality is a structured, well-defined organization which provides certain individual attitudes representing personal initiatives in a circular interaction with the environment. The infant at birth, on the contrary, though he has individuality, has no comparable personality organization, develops no personal initiatives, and his interaction with the environment is a physiological one. The newborn is not conscious: no organization is demonstrable in its psychic apparatus. It is only toward the second half of the first year that a central steering organization, the ego, is gradually developed. During the whole period of which we are speaking, i.e., the first year of life, this ego remains rudimentary. It would be completely inadequate for self-preservation were it not complemented by an external helper, a substitute ego as it were, to whom the major part of the

executive, defensive and perceptive functions are delegated. This delegate, who complements the infant's ego, is its mother or her substitute. We can speak of her as the infant's external ego; like the adult's internal ego the infant's external ego controls the pathways leading to motility during the first year of infancy.

The second variable, the environment, consists in the case of the adult of a multiplicity of factors, inanimate and animate, of numerous individuals and groups. These and other dynamic constellations of varying dignity provide constantly shifting patterns of force which impinge on and interact with the adult's organized personality. Environment for the infant consists, crudely speaking, of one single individual: the mother or her substitute. And even this one individual is not experienced by the infant as a separate object, but is fused with the infant's need and gratification pattern. Consequently, in contrast to the adult, the normally reared infant lives during its first year in what we may call "a closed system." A psychiatric investigation of infancy will, therefore, have to examine the structure of this "closed system." As the system is a simple one and consists only of two components, the mother and the child, it is the relationship within this "dyad" which has to be investigated. We are well aware that in reality the total situation, i.e., the interrelations of roles within the household or the institution in which the child is reared, form his universe; yet this universe is mediated to him by the one who fulfills his needs, i.e., the mother or the nurse. Therefore, the personality of the mother on the one hand, the personality of the child on the other, will have to be brought into relation with each other.

The reason for these differences between adult and infant lies in the fact that the psychic system is not yet differentiated from the somatic system in the infant. What we might call psyche at this stage is so completely merged with the physical person that I would like to coin for it the term *somato-psyche*. Subsequently the psychic and somatic systems will be progressively delimited from each other. Step by step, in the course of the first six months a psychological steering organization will be segregated from the somato-psyche. This steering organization serves the needs of defense and of mastery. It is characterized by its organization, its structure, and by the quality of consciousness. This organized, structured and conscious steering organization is the nucleus of what we call the ego, a body ego in the beginning. It is thus delimited from the remaining conscious part of the somato-psyche, which we will designate as the id.

The differentiation of the ego from the id takes place under the pressure of the need for survival. The physical demands on the indi-

vidual made by the physical environment force it to develop the adaptive mechanism of defense and mastery which form the first ego organization. Hartmann (3) has defined this part of the ego as the conflict-free ego sphere.

This process of differentiation is followed by an integration. I have elaborated upon this alternation of differentiation and integration in the course of psychological development in a paper read at a meeting of the Vienna Society for Psychoanalysis in 1936 (10).

The differentiation of ego and id takes place progressively in the course of the second half of the first year, and is accompanied by the usual transitional hazards which characterize every phase of differentiation. In the course of the second and third year a further development of ego functions will follow. The new ego functions transcend the conflict-free sphere of the ego. A new process of differentiation begins, this time under the pressure of psychological needs, and produces a further set of mastery and defense organizations. The psychological needs in question are in the nature of demands made upon the individual by its human environment and are centered predominantly on the anal level. This psychological need pressure will gather momentum in the years to follow and eventually will lead to the formation of a further organization, that of the superego. This process, however, does not concern us in the present paper.

These successive processes of differentiation are the evidence of the progressive segregation of a psychic apparatus out of the somatopsyche. This segregation has to start from the inchoate beginnings of the infant, during which responses are manifested more or less indiscriminately, reminding one of overflow phenomena; it is difficult to assign the earliest responses to either the somatic or the psychological field, as they occur mostly in such a manner as to express the characteristics of both psyche and soma. Much of what we discuss in our present article will be of this nature, for it takes place during the first year, in the course of which the boundaries between these two systems are being established progressively. It is hardly necessary to stress that we do not believe that a rigid separation between soma and psyche can ever be postulated in the course of human life; but the functions assigned to the two systems are differentiated more and more clearly in the course of development.

II. ETIOLOGICAL FACTORS AND THEIR CLASSIFICATION

We have stressed in our introductory remarks that the number of factors operative during the first year of life is limited. This has

facilitated our work so that the modest amount of information we have gathered in the course of our research already enables us to make a preliminary attempt at an etiological classification of psychogenic diseases in infancy. We will eliminate the consideration of congenital disease which does not belong in our province. Like the question of congenital disease, we also will eliminate from our considerations the possible consequences of physical interference. With this eliminated, the factors which can operate in producing a psychological influence in infancy are more or less reduced to the sole mother-child relation. Our first proposition then will be that if the mother-child relation is normal, there should not be any disturbance in the infant's psychological development, barring physical interference in the nature of lack of food, sickness, etc. As for a satisfactory mother-child relation, we will define it as being satisfactory both to mother and child.

Limiting the action of psychological influences in infancy to the mother-child relationship contains implicitly our second proposition that harmful psychological influences are the result of unsatisfactory mother-child relations. Such harmful influences fall into two possible classes:

- (1) The wrong kind of mother-child relations.
- (2) An insufficient amount of mother-child relations.

(1) The wrong kind of mother-child relation can develop in various ways. We have found a number of specific psychogenic conditions which can be related to specific inappropriate forms of mother-child relations. In such cases the mother's personality acts as a disease-provoking agent, a psychological toxin, as it were. We will, therefore, call this first group the *psychotoxic diseases of infancy*.

Inappropriate maternal attitudes found in psychotoxic diseases of infancy can be classified and divided into six subgroups:

1. Overt primal rejection.
2. Primary anxious overpermissiveness.
3. Hostility in the garb of anxiety.
4. Rapid oscillation between pampering and aggressive hostility.
5. Cyclical alternation of long duration in the mother's mood.
6. Hostility, consciously compensated.

The sequence in which the different etiologies are listed is mainly one of their chronological occurrence in the first year of life.

Our own detailed investigations on large numbers of infants cover the conditions of points 3, 4, 5, and 6. The first two conditions were included in view of their general familiarity to the observer of infants.

They have not been investigated specifically by us, though we possess a number of individual observations on these conditions.

(2) The second main group, the restriction of the mother-child relations, can be compared in its structure to a class of diseases well known to internal medicine, namely, the deficiency diseases. We will, therefore, call our second main group *emotional deficiency* diseases. According to our present findings, this group can be divided into two subgroups, which reflect the measure of the deficiency inflicted on the infant:

1. Partial deprivation.

2. Total deprivation.

It need hardly be stressed that total deprivation of the child of relations with its mother or her substitute refers only to emotional interchange. It is self-evident that a minimum of physical care consisting in food, hygiene, warmth, etc., has to be insured to any infant if it is to survive at all.

In the following table we present the psychogenic diseases in infancy which up to this time we have been able to segregate as distinctive nosological entities. In the left-hand column of the table we give the diseases, in the right-hand column the maternal attitudes we have found to be significantly related to the manifestations of the particular diseases.

TABLE I

Etiological Classification of Psychosomatic Diseases in Infancy
According to Maternal Attitudes

	<i>Infant's Disease</i>	<i>Etiological Factor provided by maternal attitude</i>
Psychotoxic Diseases	Coma in newborn (Ribble)	Overt primal rejection
	Three-months colic	Primary anxious overpermissiveness
	Infantile neuro-dermatitis	Hostility in the garb of anxiety
	Hypermotility (rocking)	Oscillating between pampering and hostility
	Fecal play	Cyclical moodswings
	Aggressive hyperthymic (Bowlby)	Hostility consciously compensated
Deficiency Diseases	Anaclitic depression	Partial emotional deprivation
	Marasmus	Complete functional deprivation

III. THE INDIVIDUAL SYNDROMES

A. PSYCHOTOXIC DISEASES

1. *Overt Primal Rejection*

The maternal attitude of overt primal rejection consists in the mother's global rejection of maternity and concurrently of the child. It is manifested often during pregnancy, but always beginning with the delivery. In an article published in 1937 (8), Margaret Ribble described the reactions of newborn infants to rejecting mothers. In extreme cases the babies became stuporous, fell into a comatose sleep with Cheyne-Stokes respiration, extreme pallor and diminished sensitivity. These infants had to be treated as in states of shock, by saline clysis, intravenous glucose and blood transfusion. After recovering they had to be taught to suck by stimulation of the mouth. If the situation was not dealt with immediately, it threatened the life of the neonate (8).

I have had the opportunity to observe such cases and to take a motion picture of one of them (11). The case history follows:

Case No. Mat. 55: The mother of the child is a sixteen-year-old, unusually good-looking girl, unmarried. She was employed as a servant and seduced by the son of her employer. Allegedly only one intercourse took place, resulting in impregnation. The child was undesired, the pregnancy accompanied by very severe feelings of guilt, as the girl was a devout Catholic. The delivery took place in a maternity hospital and was uneventful. The first attempt to nurse, after twenty-four hours, was unsuccessful and so were the following ones. The mother, allegedly, had no milk. We found no difficulty in producing milk by manual pressure. Neither was there any difficulty in feeding the infant from the bottle. The observation of the mother showed her to behave during nursing as if her infant was completely alien to her and not a living being at all. Her actual behavior was one of withdrawing from the baby, with a rigid and tense attitude of body, hands and face. The nipples, though not inverted, were not protruding and nursing did not appear to provoke turgor.

This state of affairs continued for five days. In the final attempts, one of which was filmed, the baby was seen to sink back into the stuporous, semi-comatose condition described by Ribble. Energetic methods had to be applied, including tube feeding and saline clysis, to bring the baby out of this condition.

In the meantime, an attempt at indoctrination of the mother was made in view of her youth and background. The method used was not interpretative, but authoritarian, starting with exact instructions and exercises in how to treat her nipples to produce turgor and making nursing possible. After this indoctrination, and from the fifth day on, the nursing went on relatively successfully and the child recovered, at least for the subsequent six days during which I could observe it.

It remains, of course, an open question what the subsequent course of an infant's development will be when the mother's rejection is as manifest from the beginning as it was in this case. We have the suspicion that even when the threat to life involved in this primal reaction is successfully overcome, other though less severe psychosomatic consequences will appear, and that certain cases of vomiting of infants during the first three months of life probably also belong in this category, as illustrated by the following case history:

Case No. WF 3: This child was breast-fed by its mother in the beginning. The mother then refused to continue and formula was introduced. Both during breast feeding and formula feeding the mother was full of complaints and recriminations. Breast feeding was, she said, unsatisfactory because the child vomited; but the formula was not right either, because the child vomited also. After three weeks the mother contracted influenza and was separated from the child. The formula was fed to the child by a substitute. The vomiting ceased immediately. Six weeks later the mother returned. The vomiting started again within forty-eight hours.

If we were to formulate the impression we have gained from such observations, our statements would have to remain extremely general and tentative. It is evident that, at present, we do not have sufficient observational material at our disposal; nor do we have an adequate hypothesis regarding the kind of maternal personality structure which results in this form of global rejection. We are, therefore, unable to formulate a theoretical assumption covering these cases.

As the child grows, maternal rejection will, of necessity, take on a different form and lead to a different result. The infantile personality will become progressively more diversified with increasing age; the maternal hostility will clash with this more developed infantile personality; individual and varied maternal hostility patterns will evolve. In contrast to this, maternal rejection of an objectless nature, so-to-speak, not directed at an individual child, but at the fact of having a child in general, will be encountered in the pure form only during the very first weeks and perhaps months of the baby's life. It is to be assumed that the attitude of these mothers—i.e., of generalized hostility toward maternity—is related to their individual history, their relations to the originator of the pregnancy, their individual way of solving their oedipal conflict and their castration anxiety. In the course of a few months the further relations with the baby will play their part, and a secondary elaboration of the generalized hostility into specific forms will take place.

We will call the original, and at that time still unstructured, rejection of maternity seen in these cases *overt primal rejection*. It im-

pinges on an infant who has not even begun to develop any method of defense or adjustment. For at birth the infant is in the earliest narcissistic stage, in the act of developing the earliest patterns of orality, which will progressively be structured into what is known in psychoanalysis as the oral stage. In this earliest stage the contacts of the infant with the environment have just been shifted from the umbilical cord to the mouth and to intake. It is not surprising then that the symptoms manifested in the cases we have described are in the nature of a paralysis of intake during the very first days of life, in the nature of a rejection through vomiting at a somewhat later stage.

2. *Primary Anxious Overpermissiveness*

The maternal attitude of primary anxious overpermissiveness consists in a special form of overprotection during the first trimester of life. David Levy (7) introduced the term of "maternal overprotection." This term has been used rather indiscriminately by various authors to cover a wide range of behavior patterns and attitudes without too much regard for underlying motivations. In the following we will try to differentiate various forms of overprotection with the help of investigations directed at the maternal motivations underlying the individual forms, and we will attempt to correlate them with specific clinical pictures of the infant. For the first of these forms I have coined the term of "primary anxious overpermissiveness"; its consequences in the child we believe to be the so-called "three-months colic."

The "three-months colic" is a condition, well known in pediatric circles, with the following clinical picture: After the third week, and up to the third month, the infants begin to scream in the afternoon. They can be temporarily reassured by feeding. They appear to be subject to colicky pains. Changing of formula, or introducing formula instead of breast feeding, is of no avail. Various measures have been tried, all without success. The stools of these infants show nothing pathological, though at times diarrhea may be present. The pains may go on for several hours and then subside, only to start again the next day. The time of the day may vary. Around three months the condition has the tendency to disappear as inexplicably as it had appeared, to the great relief of mother and pediatrician.

I was struck by an interesting observation of Spanish and South-American pediatricians on this subject. They also were familiar with the "three-months colic" which they call "dispepsia transitoria."¹ But

1. A similar condition has been described by Finkelstein under the name of "Spastische Diathese" and ascribed by Weill to lack of tolerance of mother's milk on the part of the infant.

first Alarcon (1) and later Soto (9) observed that the "three-months colic" is unknown in institutionalized children.

This is an observation which we can fully confirm from our own experience. In none of the institutions which we observed was "three-months colic" a problem. It was least so in the institutions where the infant had no maternal care whatsoever. It appeared most frequently in the institution we called "Nursery," in which the mother-child relations were at their best. Even there it was rather rare. In the relatively small number of infants in private families we observed, however, it was not infrequent.

Soto's explanation of the absence of "three-months colic" in institutions is that the children here are not "pampered," as he puts it; he describes institutions where the nurses look after the physical needs of the children, but the children do not get toys, and there is just "no nonsense." In contrast with this, he says, children in private families are "extremely pampered."

The observation appears to have merit. It is a pity that Soto ignores the other consequences of institutionalization which are infinitely more serious than "three-months colic." If, however, we translate his conclusions into our current conceptual framework, he appears to assume "maternal overprotection" of some kind as the causative factor in the "three-months colic."

This is a finding which lends itself to demonstrate the misleading nature of such over-all application of the term "overprotection." Indeed, Alarcon's and Soto's findings will have to be confronted with a series of observations made recently by Milton I. Levine and Anita I. Bell (6). They found in a series of twenty-eight infants observed over a period of three years, who had developed "three-months colic," that in 90 per cent of the cases the condition disappeared when the infants were given a pacifier.

However, "giving a pacifier" is certainly a measure which would be classified as "overprotective." How can we reconcile Alarcon's and Soto's findings with those of Levine and Bell? Certain aspects of the Levine-Bell patients duplicate closely the Alarcon-Soto assumptions. Thus all the twenty-eight children were raised in private families and not in institutions; but over and beyond this, with very few exceptions, the Levine-Bell babies were on a self-demand schedule. The assumption that the mothers of the babies were particularly permissive is, therefore, justified.

On the other hand, Levine and Bell state that in almost every instance the infants in question were hypertonic. Their work does not inform us whether the hypertonicity was observable already at birth and

consequently represents a congenital factor. If so, we may advance a two-factor hypothesis in which the infants' congenital hypertonicity would represent a bodily compliance, to which the mothers' overpermissiveness would have to be added to result in the "three-months colic." We might even go further and presume that such overpermissive mothers are perhaps more prone to develop anxiety when confronted with unpleasure manifestations of the child; that they can only deal with such unpleasure manifestations by increasing their permissiveness still more, and that thus a vicious circle will develop in which the child's cry, which in reality expresses the need for tension release, is answered by a proffering of food which increases the tension and produces further colic. This vicious circle is then interrupted when the pacifier is introduced; for the pacifier lends itself to reduce tension without interfering with metabolic processes.

A clarification of the sequence would be desirable, for it is perfectly possible that (even without the congenital hypertonicity) the mother's anxiety in itself could produce the vicious circle, and that the hypertonicity will result from this vicious circle without necessarily being congenital. The decision which of the two assumptions is the more probable one can only be made through a detailed investigation of a significant number of children.

The assumption that the pacifier acts as a release of tension and consequently as a cure for the "three-months colic," is in accordance with David Levy's findings. He showed that sucking frustration, an oral frustration which increases tension, leads to increased finger sucking.

However, not only oral frustrations and tensions, but, as we stated, any kind of tension finds its release primarily through an activity of the oral zone in the first trimester of life. K. Jensen (5) demonstrated manometrically that newborn infants who were exposed to a series of stimuli (among which heat, cold, pinching of toe, pulling of hair, sudden dropping, etc.) reacted in a statistically significant number of cases with a sucking response. Therefore, the assumption that the pacifier acts as a release of tension and consequently as a cure for the "three-months colic," appears perfectly plausible.

3. *Hostility Garbed as Manifest Anxiety*

The maternal attitude in this clinical picture consisted in manifest anxiety, mostly in regard to the child. It became soon clear that this manifest anxiety corresponded to the presence of unusually large amounts of unconscious repressed hostility.

A study was made by the author of this paper, jointly with Kather-

ine M. Wolf, on 220 children. We followed them in the environment called Nursery (12) and observed 28 children who developed skin affections during the first year of life. Of these, 24 were studied thoroughly, and the diagnosis of eczema was made in 22 cases by the pediatrician.

The mothers' unconscious hostility became evident in the frequency with which they barely avoided inflicting serious damage on their babies, such as feeding them an open safety pin in the cereal, dropping the baby several times on its head, consistent intolerable overheating of the baby's cubicle, knotting the baby's bib so tightly that the baby became blue in the face and barely escaped strangulation, etc. The same mothers showed a curious inhibition: they were afraid to touch their children or they refused to touch them, which is hardly surprising in view of the combination of repressed hostility and overt anxiety. This fear showed itself particularly vividly in some of these mothers who were always trying to get others to diaper, wash or feed their children. This fear was also manifest in some of the statements protocolled by us, like, e.g.: "A baby is such a delicate thing, the least false movement might harm it."

We investigated the personality of the children with the help of tests and developmental profiles (4). As described elsewhere (15), these tests provide quantifiable measures for the personality sectors of perception, body mastery, social relations, memory, manipulative ability, and intelligence as well as an over-all developmental quotient. In the group suffering from eczema, a characteristic retardation was observable in the sector of learning (memory and imitation). Less conspicuous, but mostly present also was a consistent retardation in the sector of social relations (Fig. I).

A detailed discussion of the findings regarding this eczema group is in preparation (18). We may, however, mention some of the conclusions we have reached in this study in regard to the dynamics we have assumed to be present.

In the case of the eczema child, we have an anxiety-ridden mother who avoids touching her baby because of her more or less repressed aggression. If the mother avoids touching her baby, she makes it impossible for her child to identify with her and that at an age at which the baby is still in the stage of primary narcissism, when the child's ego is incomplete, and when the mother assumes the functions of the ego. In the process of psychological development in the course of the first year the child acquires its ego with the help of numberless identifications with its mother which are made possible through the sensory experiences offered by her. Among the most important of these, if not *the* most important are the tactile experiences which include both superficial and deep sensitivity.

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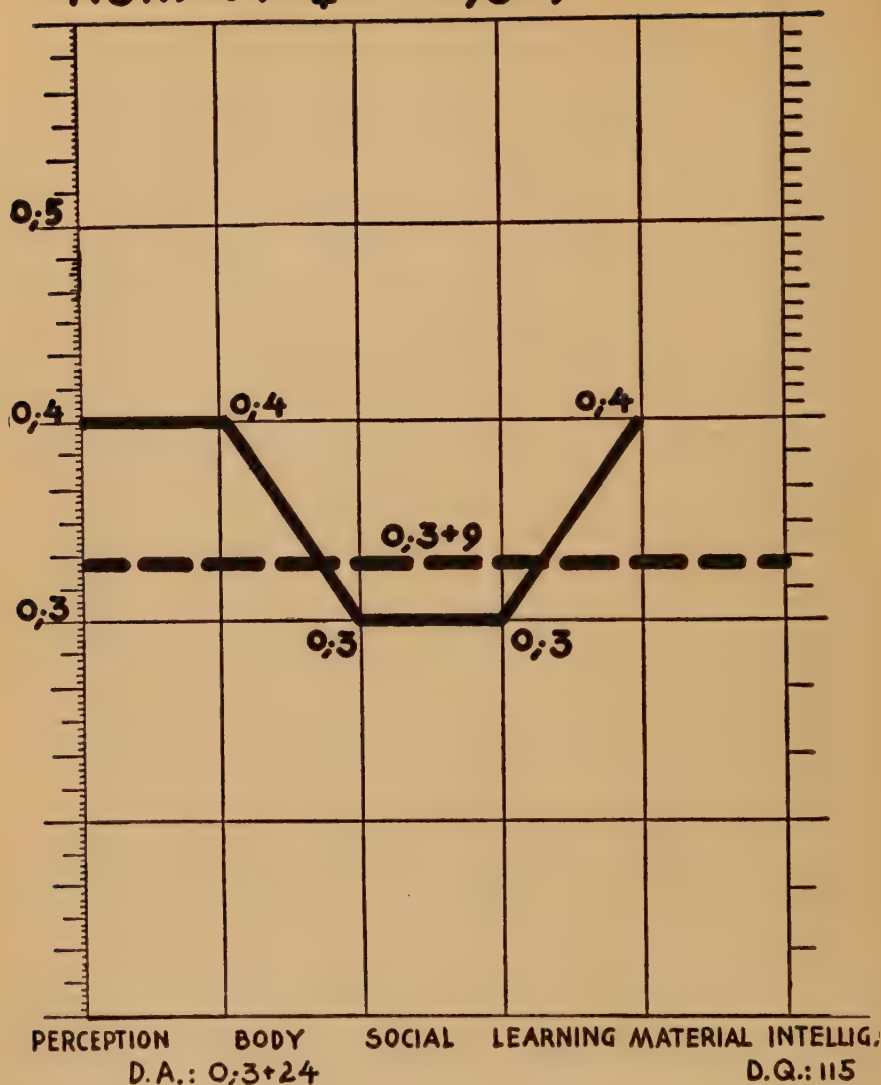


Figure 1

When this external ego, represented by the mother, withdraws psychologically because of anxiety, the child cannot develop its own ego with the help of identifications with her. This is specifically true in the second half of the first year when it has begun to delimit itself from the mother through the formation of secondary identifications. The anxiety-

ridden mother, as part ego, offers no opportunity for secondary identification in bodily activities of a manipulative and imitative kind. Therefore, the infant's libidinal and aggressive drives which normally would be discharged in the course of the handling of the mother and converted into identifications, remain undischarged. It seems that they are discharged in the form of a skin reaction. The comparison may seem far-fetched, but one is reminded of the discharge phenomena taking place in adults in the peptic ulcer syndrome.

4. *Oscillating Between Pampering and Hostility*

We have found that a maternal attitude oscillating *rapidly* between pampering and hostility appears to lead frequently to a disturbance of motility in the child. In the following we will encounter several other such disturbances of the motor system. From the descriptive point of view these disturbances can be divided into two principal groups, namely hypermotility and hypomotility. In both groups further distinctions can be made in regard to quantitative increase or decrease of motility on the one hand, in regard to normal and pathological motor patterns on the other.

Within the group of hypermotility there is one form which appears in large numbers, particularly in the institutional environment. This is the well-known rocking behavior of infants. In itself, this behavior can hardly be called a pathological pattern, for it is manifested occasionally in a transitory way by most children. In the cases observed by us, it differed, however, by becoming the principal activity of the children affected, by substituting for most of their other normal activities, by its frequent, striking violence which appears out of proportion with the physical resources of the child, and by the fact that it seems actually to involve a much larger amount of motor behavior than is seen in the average normal child of the same age. Its phenomenology consists in rocking movements, mostly in the knee-elbow position, not infrequently in the supine position at earlier ages, and not infrequently either in the standing position at later ages.

We studied this condition with the collaboration of Katherine M. Wolf in a group of 170 children and discussed our observations and our conclusions in our article "Autoerotism" (16).

Clinically the children show, apart from hypermotility, a characteristic retardation in the social and in the manipulative sectors of their personality (Fig. II). We concluded that rapidly changing maternal attitudes, oscillating between overpampering and extreme hostility, will impair the formation of object relations of all kinds in the psychic

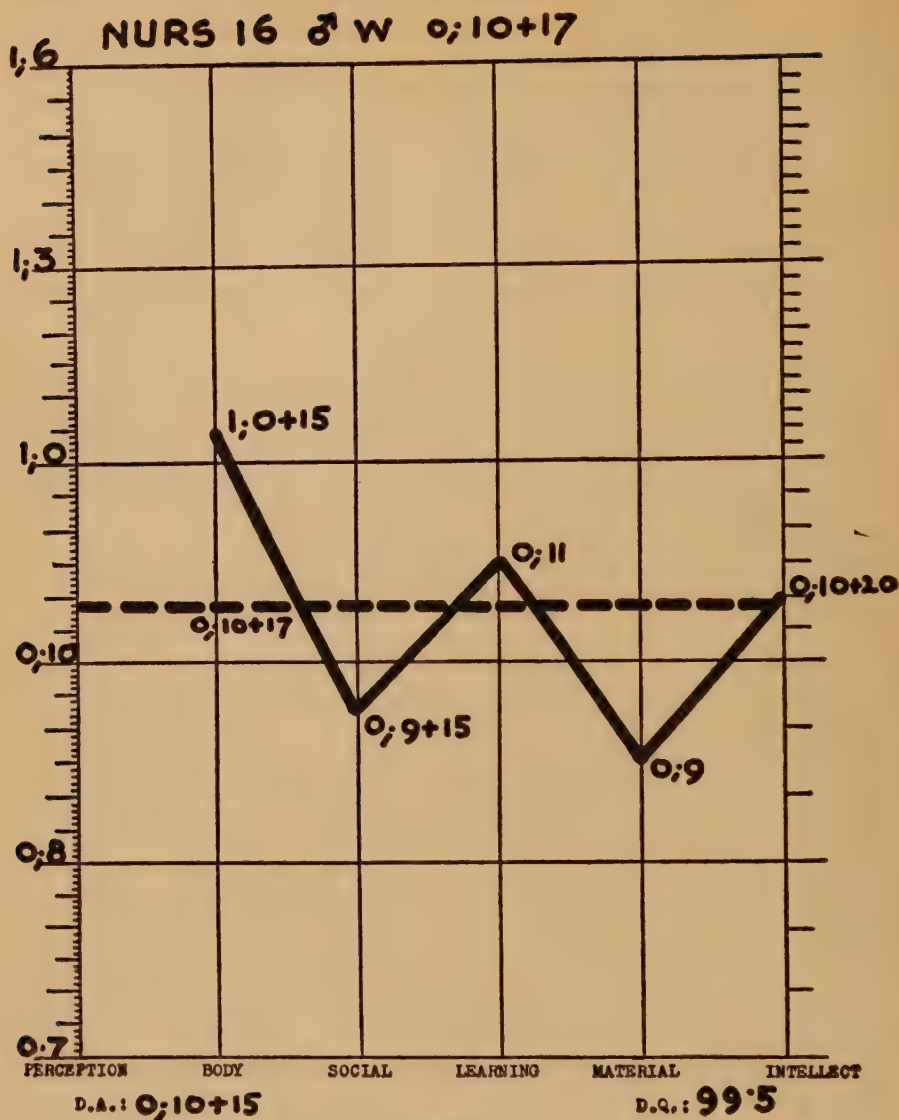


Figure II

sphere, while resulting in hypermotility, manifested as rocking, in the physical sphere.

5. Cyclical Mood Swings of the Mother

The maternal attitude toward the child remained stable for a number of months, after which it would change into its opposite and again persist for a number of months.

For the purpose of this study (16) we observed 153 children and their mothers. In 16 of these children we found fecal play and coprophagia in the fourth quarter of the first year. On investigation the mother-child relation turned out to be highly significant. We found that the bulk of psychosis in these 153 mothers was concentrated on those whose children manifested fecal play.

The clinical symptoms of depression with long-term mood swings were evident in the mothers of the coprophagic children. The mothers' attitude toward the children would be oversolicitous for many months and then suddenly change to extreme hostility with rejection. In our publication we offer a dynamic proposition as to the reason why such an attitude should result in coprophagia, that is in the oral introjection of an "object," during the transitional period from the oral to the anal phase.

6. *Maternal Hostility, Consciously Compensated*

The term is self-explanatory. The parents of these children are more eager to use them for their own exhibitionistic and narcissistic purposes than as a love object. They realize that their behavior toward the child is not appropriate and consciously overcompensate it with sub-acid syrupy sweetness.

We have observed only a few cases of this type, of which we have described one (13). The data and follow-up studies on these cases are not sufficient to permit more than a tentative assumption. We believe that children confronted with this maternal attitude stay retarded in the social sector of their personality during the first year of life, while at the same time they are advanced in all other sectors. They present a picture in the second year in which hostility is predominant.

Our tentative assumption is that in the course of their later development they will present the picture of the aggressive hyperthymic, described by John Bowlby (2).

B. DEFICIENCY DISEASES

1. *Partial Emotional Deprivation*

In a study made with the assistance of Katherine M. Wolf (15) on a total of 170 children, we observed 34 children who after a minimum of six months' satisfactory relations with their mothers were deprived of them for longer or shorter periods; the substitute offered for the mother during that period proved unsatisfactory. These children showed a clinical picture which was progressive from month to month in propor-

tion to the length of separation: First month: increased demandingness and weepiness. Second month: tendency to scream, loss of weight, arrest of developmental progress. Third month: refusal of contact, pathognomonic position (lying prone with averted face), insomnia, further loss of weight, intercurrent ailments, restriction of motility becomes generalized, facial expression rigid. After the third month: rigidity of facial expression becomes stabilized, weepiness subsides, retardation and lethargy.

If within a critical period of three to five months the mother is returned to the child or an adequate substitute provided, the condition improves with surprising rapidity.

We have called this condition anaclitic depression because of the similarity it shows with the clinical picture of depression in adults, although we consider the dynamic structure a fundamentally different one in the infant.

2. Total Deprivation

Whereas in partial deprivation the existence of good mother-child relations prior to the deprivation is a prerequisite, this is immaterial in total deprivation. Regardless of the mother-child relations existing prior to total deprivation, its consequences will lead to the severest of the emotional deficiency diseases we have observed until now.

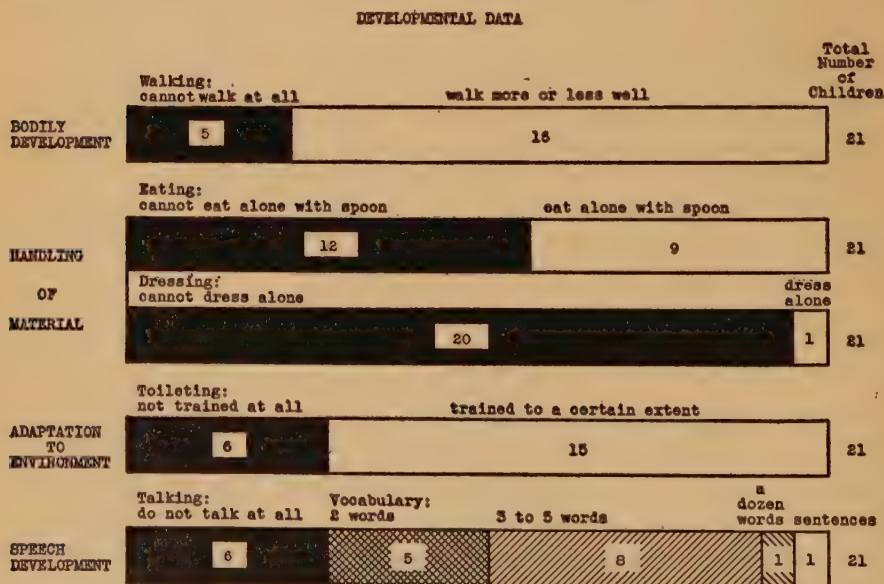


Figure III

For the purposes of this study (12) we observed 91 children in a foundling home situated outside of the United States where the children were raised by their mothers during the first three to four months of their lives. During this period they showed the picture and developmental level of average normal children of the same country. After three to four months they were separated; they were adequately cared for in every bodily respect, but as one nurse had to care for eight children officially, and actually for up to twelve, they were emotionally starved.

After the separation from their mothers, these children went rapidly through the stages we have described for partial deprivation. Then the picture for motor retardation became fully evident. The children became completely passive, lying in their cots in a supine position. They did not even reach the stage where they could turn around sufficiently to perform a withdrawal by lying prone. The face became vacuous, eye co-ordination defective, the expression often imbecile. When motility returned after a while, spasmus nutans in some, and bizarre finger movements in all were manifested, reminiscent of decerebrate or catatonic movements (12). The developmental level (Fig. IV) regresses by the end of the first year to 45 per cent of the normal; sitting, standing, walking, talking are not achieved even by the age of four (see Fig. III).

The progressive deterioration and the increased infection-liability lead in a distressingly high percentage of these children to marasmus and death. Of the 91 children followed by us for two years in Foundling Home, 37 per cent died (Fig. V). In contrast, in another institution, Nursery, where the children were cared for by their mothers, not a single death occurred among 220 children observed during a four-year period. It appears that emotional starvation leads to progressive deterioration, which is in direct proportion to the duration of the deprivation which the child has undergone.

IV. CONCLUSIONS

The discussion of the single diseases tabulated in Table I shows that our classification at this stage is a crude attempt to orient ourselves in the field of psychogenic disorders in infancy. We have used for this purpose the criteria of etiology. At the present stage of our knowledge this approach cannot provide as diversified or detailed a picture as would a symptomatological approach. It would be possible, for instance, to divide the psychogenic affections in infancy according to the systems which they involve predominantly, like the motor, the intestinal, the circulatory, the respiratory, or other systems.

I believe, however, that such an approach would be both difficult

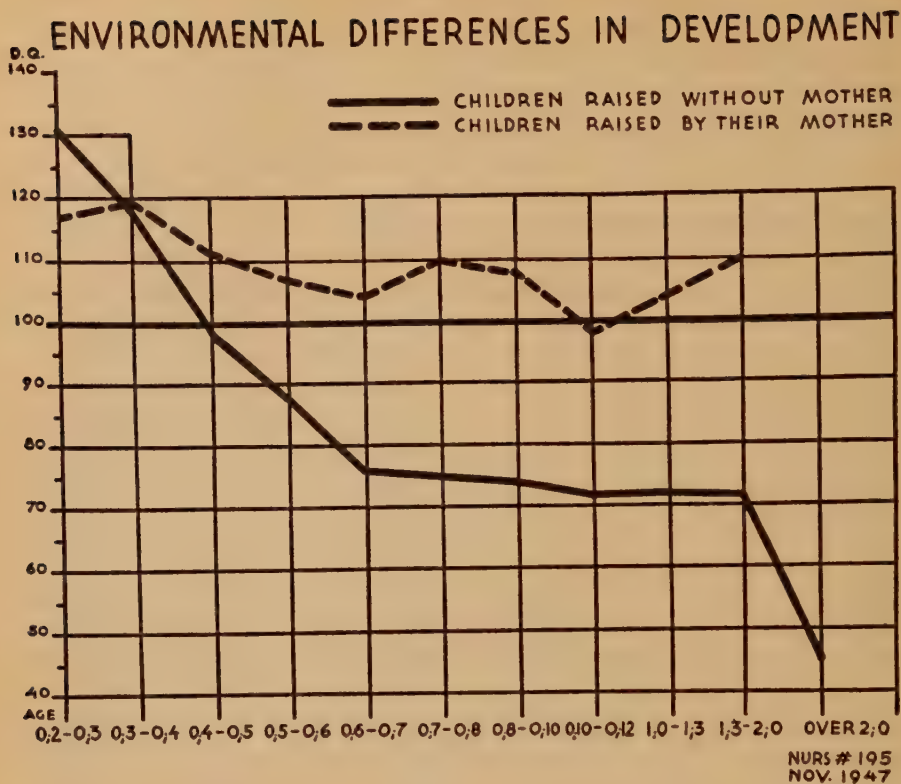
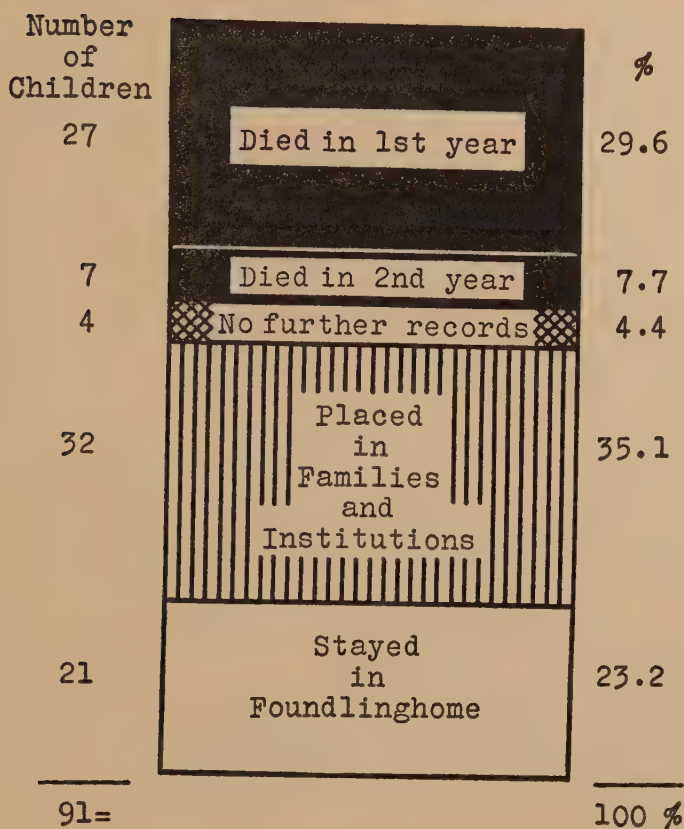


Figure IV

and confusing. As discussed in the first part of the paper, in infancy the boundary lines between the different systems, both psychic and somatic, are fluid. We will always find more than one system involved in each of the conditions and, as can be seen for instance in the picture of the emotional deficiency diseases, in the progressive course of the ailment one system after another becomes involved. I believe also that it would be much more difficult to establish nosological entities with the help of symptomatic criteria than with the help of an etiological classification.

As in all research of this nature, our understanding of the fact that more than one or two nosological entities were involved came only very gradually. This was developed in the successive investigations we have published, each of which attempts to study in finer detail both the symptomatology and the etiology of the infant's disturbances. It is clear that in the future the tools of investigation will be perfected and refined, the approaches modified, new ones developed. These improvements will result in a far greater differentiation of nosological pictures

SAMPLE

*Figure V*

and more exact specification of their etiology. The crudeness of our approach at this point presents the advantage of giving a general orientation as to the directions in which future and better solutions can be attempted, and more satisfactory criteria developed.

The etiological approach offers another advantage. It provides already at this point cues in regard to prevention and therapy. In our own work we have at times made use of these suggestions. We have published a paper on some of the fundamental aspects of psychiatric therapy in infancy (17).

I am well aware that the most important part of this work still remains to be done. We must provide the link between these early disturbances and the psychiatric and somatic conditions which will develop

in later life. As yet no clinical connection has been established with the pioneer work of Anna Freud, August Aichhorn, Bruno Bettelheim, John Bowlby, Beata Rank, Berta Bornstein, Lauretta Bender, and all the others who have investigated the psychiatric disturbances of the pre-school child. Future research projects will take into account that it is of decisive importance that psychiatric disease in infancy is observable in *statu nascendi* and under controlled conditions. We can expect, in the not too distant future, much enlightenment from the continued observation of the later development of children in whom we were able to diagnose early psychiatric abnormality. This should provide us with information on the etiology of later psychiatric and medical problems of childhood, adolescence and adulthood as well as with valuable pointers in the field of preventive psychiatry.

V. SUMMARY

1. The differences between the organization of the infant's personality and environment and that of the adult are discussed.

2. In view of these differences the possible etiological factors operative in psychogenic diseases in infancy are considered and reduced to the sole mother-child relation.

3. Variations of this etiological factor are reduced to the wrong kind of mother-child relation conducive to psychotoxic diseases on the one hand, to the insufficient amount of mother-child relation conducive to emotional deficiency diseases on the other.

4. A classification of nosological pictures in infancy on the basis of these criteria is presented.

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LATENCY

ON LATENCY¹

By BERTA BORNSTEIN (New York)

From the standpoint of the intellectual ability of the child in latency, we could expect the child to associate freely. The factors responsible for the child's failure to do so create a general limitation of child analysis. There are several reasons for his inability to associate. In addition to those well known to us, I will mention only one which has not been stressed yet: Free association is experienced by the child as a particular threat to his ego organization.

The use of free association is actually a regression to the primary process. In early latency the child is still close to the period when his mind was mainly dominated by the pleasure-principle and conscious and unconscious contents were not yet strictly separated. It is only with great difficulty that the child learns that contradictions exclude each other and that contradictory thoughts must be kept apart in conversation.

For the sake of adults, the child behaves as though he were living by the rules of the secondary process. However, listening to children five to eight years old, when they are engaged in conversations with each other, convinces us that conscious production does not necessarily mean constant utilization of the secondary process. Their conscious thought processes (on the surface similar to ours) can during the latency period still easily dip into the primary process. Any newly acquired accomplishment can easily be undone by regressive processes and the child senses that this would occur were he to attempt to express whatever comes into his mind. Therefore the child must fight against free association more than the adult. A particularly strong anticathexis is needed to safeguard the hardly achieved intactness of ego functioning. (Free association is possible only after children have gradually developed the capacity for introspection.) This hardly ever occurs before prepuberty when the superego approaches a state of consolidation.

Before we speak about latency and the technique applied during that period, let me review briefly the main factors which precede latency.

1. Paper read at the Panel on Child Analysis, held at the Annual Meeting of the American Psychoanalytic Association in Cincinnati on May 5, 1951.

The ego as a mediator between the inner and outer world adopts at an early point defensive measures against painful stimuli from within and without. Under the influence of reality, the ego is enabled gradually to tolerate greater amounts of tension. The open pursuit of the child's gratifications is hindered by the parents' opposition. The growing functions of intellect and judgment assist the child further to postpone gratifications and to block impulses from direct discharge. A partial resolution of the oedipus complex leads, via the identification with the objects of the oedipus complex, to the establishment of the superego. From now on the ego has to observe not only the demands of instinctual drives and of the outside world, but also the demands coming from the superego. This means that certain demands which originally were only complied with under the pressure of the parents or their substitutes, are now complied with even if there is no threat of external danger.

With the resolution of the oedipus complex and with the establishment of the superego, the latency period is introduced. Although it is common practice to refer to the latency period as if it were uniform, at least two major divisions within it can be discerned; the first from five and one half to eight years, and the second from eight until about ten years. There are, of course, more than chronological differences between them. The element common to both is the strictness of the superego in its evaluation of incestuous wishes—a strictness which finds expression in the child's struggle against masturbation.

Let me now describe the characteristics of the first period of latency. The ego, still buffeted by the surging impulses, is threatened by the new superego which is not only harsh and rigid but still a foreign body. This first phase of latency is complicated because of the intermingling of two different sets of defenses: the defense against genital and the defense against pregenital impulses. As a defense against genital impulses a temporary regression to pregenitality is adopted by the ego. First these pregenital drives appear as less dangerous than the genital ones. Still they are threatening enough for the child to have to evolve new defenses against the pregenital impulses. Reaction formations, developed as defense against the pregenital impulses, mark the first character changes in early latency.

The result of the conflicts between the superego and the drives can be observed in a heightened ambivalence. This increased ambivalence is a regular feature of early latency, even if the child is not in the process of developing an obsessive neurosis. The ambivalence is expressed in the child's behavior by an alternation between obedience and rebellion: and rebellion is usually followed by self-reproach. However,

at this time of life, the child can tolerate his own feelings of guilt as little as he can tolerate criticism from the outside, nor is his behavior modified right away by either. Anna Freud has described what happens at "this intermediate stage of superego development": The attempt to internalize the criticism from the outside sometimes does not lead further than to an identification with the aggressor, "often supplemented by another defensive measure, namely the projection of guilt." Both defenses in turn thrust the child into greater inner and outer conflicts.

It appears to me that the statement frequently made that infantile neurosis decreases during latency requires some modification. It is correct as far as the second period is concerned, but it does not correspond to my own experience as far as the first period is concerned. When the ego is faced by conflicts it cannot overcome during the first period behavior difficulties arise and neurotic symptoms manifest themselves in new ways. To give a few examples: Early animal phobias are replaced by a new wave of separation anxiety and open castration fear is substituted by fear of death. The symptom of insomnia occurs more frequently during that period than is generally known.

Some children in early latency give the appearance of being in an emergency situation; they are conscious of their emotional distress and under such conditions they are ready to accept the analyst as a potential helper. Though they usually expect instantaneous relief and become disappointed and distrustful if this does not occur, they can be very co-operative during treatment. Due to the facts that the child is aware of his suffering, that the ego is in rebellion against both id and superego, that the libido is still in a fluid state and the superego still open to modification, and thus that the ego is not yet completely crippled by neurotic defenses, therapeutic chances seem to be better in early latency than at any other time.

In the second period of latency the situation is different: The ego is exposed to less severe conflicts by virtue of the facts that, on the one hand, the sexual demands have become less exerting and, on the other, the superego has become less rigid. The ego now can devote itself to a greater extent to coping with reality. The average eight-year-old is ready to be influenced by the children around him and by adults other than his parents. As he is able to compare them with other adults, his belief in the omnipotence of his parents subsides. Coinciding with a partial degradation of parents, there is a parallel change in the attitude of the ego toward the superego.

Even if this period is not quite as smooth as described, even if

children manifest character disturbances, ego restrictions or slight obsessive symptoms, these symptoms are ego-syntonic.

During the second period, the temptation to masturbate is not completely overcome but the child is so sincerely opposed to the temptation as well as to the occasional break-throughs, that he must deny or repress both. His concern to forego the masturbatory temptations is accompanied by the desire that defenses should not be upset by any interference. Since he is further along in the process of consolidation of ego defenses than the younger latency child, and is more oriented to coping with problems of the outside world, and since he has more gratifications in reality, the older latency child is less aware of his suffering.

He fears nothing more than the upsetting of his precarious equilibrium. The fear of upsetting this equilibrium becomes the decisive force in his resistance toward analysis. The child's distrust of the enmity toward the analyst is thus often a displacement of his enmity and distrust of his instinctual impulses.

We repeat: during both periods of latency, neurotic children see as a principle task the warding off of incestuous fantasies and masturbatory temptations. They accomplish this task by means of partial regression. The ego during this period is engaged in deflecting the sexual energy from its pregenital aims and is utilizing it for sublimation and reaction formation. But in neither periods do they fully succeed and a close-up of this period shows the ego in a ceaseless, though quickly repressed, battle against the temptation to masturbate. It appears to us that adult patients give a distorted picture of their latency. They are inclined to remember this period as one in which they had in reality attained what Freud² described as the *ideal of latency*: the successful warding off of instinctual demands. The impression retained of latency period is understandable when one takes into account with what amazing rapidity (even in analysis) children repress or deny the occasional breakthroughs of their masturbatory activities. The child's behavior during the latency period might be described as one of persistent denial of the struggle against the breakthrough of instinctual impulses, a denial which extends into adulthood as a partial amnesia for this period. This may be one of the reasons why one learns relatively little about latency from the analysis of adults.³

The form of analytic technique with latency children must be in

2. "Three Contributions to the Theory of Sex," in *The Basic Writings of Sigmund Freud*, Modern Library, New York, 1938.

3. We find exceptions in those adults whose latency was disturbed by a severe obsessive neurosis.

accordance with the specific characteristics of the psychic structure we have just described. Because the child battles against his impulses and needs to keep up his defenses, we must be particularly careful to respect his resistance, and to work through his defenses before we approach the material which is warded off. We know how difficult it is for a child in latency to tell us anything about his inner life.

We have learned to utilize substitutes for free associations, such as play, drawings and stories, which enable us to draw conclusions about id contents, but unlike the adult's free association, these substitute media do not, to the same extent, furnish material on defenses or their genesis. Whatever these media represent, we do not use them for the interpretation of id contents, but as a source of knowledge of the child, and as a stepping stone toward the analysis of defense and of affects.

Since free association is not applicable in latency, defense analysis is more complicated in the analysis of children than in that of an adult. We are forced to search for defenses by microscopic observation of the total behavior of the child.

So far my remarks were theoretical. Let me now turn to an example, illustrating the technique of defense analysis as it was employed in the handling of a daydream a ten-year-old boy told during his treatment. The patient's character disturbance found expression in his complicated relationship with his father and his brothers with whom he competed and toward whom he harbored strong passive desires. Like most children he was apt to forget painful experiences in reality.

His daydreams were important for us not only because they represented a superstructure of a masturbatory fantasy, but because their appearance in the analytic situation signaled a current humiliating experience and permitted the reconstruction of his reaction to such experiences.

After a period of analysis in which we had worked on his desire to compete with his father and his older brothers which at times had not led further than to an identification with their gestures, he made a *conscious* effort to combat his display of competition. At the beginning of his analysis, he openly played at being important men like generals and admirals; now, in his daydreams, he revealed a modification of these wishes. Motivated by the desire to please the analyst, he made a strong point of telling me that in his daydream he himself was a ten-year-old boy and that in reality he no longer sought to compete with his father but wanted to remain a boy of his own age.

In his daydreams, however, young as he was, he was a famous brain surgeon, and had also discovered a cure for cancer. He attended school during the day, of course, but nevertheless General Eisenhower had heard that our patient was a famous brain surgeon and ordered the boy night after night to the battle field to perform his famous operations on outstanding generals. The brains of those generals were shattered by bullets or their lives were endangered by brain

tumors. It was through his restoring the generals' mental capacity that the United States won the war.

Up to this point his daydream emphasized that nobody at school knew about his fame as a brain surgeon. One day a variation of the daydream occurred. A policeman entered the class room and asked about a car that was not parked correctly. It turned out to be our patient's car; in this way everyone at school suddenly learned that he not only had, as he said, a "doctor's certificate," but in recognition of his outstanding services, he had also been granted a driver's license. Our knowledge of his tendencies to react to slight narcissistic injuries with ideas of greatness made us inquire about a defeat at school. We asked whether anything had happened at school, whether anyone had offended him, etc. He told us, though not immediately, that a man teacher had commented on his continuous yawning during class and that it was at this moment that his exhibitionism broke through in his daydream.

As we said before, our interest in a daydream is not aimed at immediately reaching the masturbatory fantasy which it elaborates. What we take out of it, is a knowledge of the typical defenses and the reaction to affects. Although this would be true of almost any production of the child, I have selected the daydream precisely because it is so close to the unconscious; yet it should be used to deal with defense and affect rather than with the instinctual impulses. Since defense and affect are closer to the ego than the impulse, we are able, through them, to make interpretations which the child can recognize and accept without undue resistance. Once a defense appears, we can assume that it is typical for particular situations, and that the identical affect or impulse is present whenever the defense reappears. This being so, whenever a defense is noticed, one can bring to the child's attention the event and the affect to which he had reacted. What has been said about defenses applies in a general way to affects. Wherever we observe an inappropriate expression of affect, we can assume that the ego has intervened. As Anna Freud⁴ said: from the transformations which the affect has undergone, we can deduce the specific defenses used against them and we can also assume that the same defenses are used against the instinctual impulses which originally gave rise to these affects.

Let us return to the daydream and scrutinize it from the standpoint of defense and affect. Our young daydreamer, we have seen, reacted to a painful reality situation by *denial in fantasy*. He was not the little boy whom a teacher could scold, but an important surgeon who wielded the power of life and death over the commanders of many men.

Another element in his reaction to the reprimand was a feeling of shame. The shame could not be consciously admitted, because of its

4. *The Ego and the Mechanisms of Defense*. Int. Univ. Press, New York, 1946.

associative connection with his passivity. In his daydream, he reverses the shame into glory. The shame was secret, the glory was public. Whenever our patient used the mechanism of reversal, we were sure that behind it was an instinctual impulse which clamored for discharge, and against which the boy rebelled. For instance, the daydream in which our patient performs nocturnal brain surgery on generals becomes meaningful if understood as representing its opposite. You will not be surprised to hear that the daydream took form in a period in which the boy fought against his identification with women. His surgical activity, and his removal of foreign bodies from the head, was the opposite of his *unconscious wish* to be a woman who gives birth to a child.⁵

There were other affects involved which had to be examined. In a school situation, in which a teacher reprimanded a pupil, we would expect the child to experience some anger. This the child did not. No anger had appeared. It was obvious that he consciously could not tolerate any aggression against men. In order to prevent the impulse from appearing, the appropriate affect had to be repressed. Asked about how he had really felt, the child answered good-humoredly: "I really was not angry, I had fun with my daydream. I would really like to become a brain surgeon."

Some time after the boy spoke scornfully about his daydream: "Gee, I'm really a fool, here I am talking about curing the generals from brain tumors, and I don't even know anything about the brain, how the nerves are working and the blood cells, and what makes the heart beat, and what makes a man's muscles hard as bones."

His thirst for knowledge, the desire to learn about physiology and anatomy, remained untouched by our analytic interpretation, although they were rooted in the same conflicts that showed up in the daydream.

In concluding I should like to emphasize that I have discussed primarily the neurotic child and his latency. All children in latency, however, not only the neurotic ones, use their free energies for character development. Therefore it is particularly important during latency not to interfere with healthy character formation. The utmost care has to be exercised in the analysis of latency to strengthen weak structures and to modify those which interfere with normal development. The selection of material for interpretation and the form of interpretation itself must be geared to these ends.

5. This unconscious wish was interpreted in other connections.

CLINICAL NOTES ON THE NATURE OF TRANSFERENCE IN CHILD ANALYSIS

By SELMA H. FRAIBERG (Detroit)

In analytic work with children we are aware of factors in the conditions of therapy and the nature of the child as patient which differ markedly from the analytic situation with the adult. In the important field of transference these differences are such as to call for a re-examination of what we mean by transference in child analysis.

In this paper I shall review case material from the analyses of children in which transference phenomena are observable and permit inquiry into their motives and the manner of their appearance. In order that we can make a careful evaluation of such phenomena and judgments regarding differences and similarities in the transference with children and adults, it should be desirable to submit our data from child analysis to the test of the strict usage of the term "transference" in analytic terminology.

"By transference," says Anna Freud, "we mean all those impulses experienced by the patient in his relation with the analyst which are not newly created by the objective analytic situation but have their source in the early—indeed, the very earliest—object-relations and are now merely revived under the influence of the repetition-compulsion" (1, p. 18).

The role of transference in child analysis has met with different interpretations by Anna Freud and her co-workers and by Melanie Klein and her associates. It is the view of Anna Freud that a transference neurosis is not established in the case of the child patient. While recognizing in child analysis "manifold and variegated transferred reactions," she points out that in her own experience she has encountered no case of a child patient "where the original neurosis was given up during the treatment and replaced by a new neurotic formation in which the original objects had disappeared and the analyst taken their place in the patient's emotional life." "It is only a structure of this kind," she emphasizes, "which deserves the name of transference neurosis" (2, p. xii). Since the child still possesses the original objects and depends upon them primarily for his emotional gratification there

would be no motive for the formation of a transference neurosis in Anna Freud's view.

Melanie Klein, on the other hand, holds the view that a full transference neurosis does occur with children "in a manner analogous to that in which it arises in adults," basing her belief on her experience in child analysis and on her own analytic theories. According to her theory, the major part of the oedipus complex has already undergone repression in the very young child, and the child is "far removed through repression and feelings of guilt from the original objects," and therefore fully capable of establishing a transference neurosis (3, p. 165).

With these points in mind let us proceed to examine two cases which have been selected for study of transference phenomena in childhood.

TRANSFERENCE OF A DOG PHOBIA

Summary of Background and Pertinent Material

Dottie, seven years old, had been referred for treatment of a serious behavior disorder. Her parents described her as a stubborn, defiant child who was insatiable in her demands, completely self-centered and indifferent to the feelings of those around her. She had wild temper tantrums and screaming fits which alternated with states of depression and lassitude. There was extreme rivalry with a younger sister of four whose charm, good nature and docility were in direct contrast to the older child's behavior. Both parents preferred the younger child, but the four-year-old Jeannie was the frank favorite of the mother. The mother's hostility toward Dottie was evident from the child's infancy. In fact, it was the father (then in analysis himself) who initiated plans for therapy for Dottie. The mother was indifferent and skeptical and would herself have preferred a boarding school.

The series of episodes which I shall report here, occurred in the third month of Dottie's analysis. To summarize briefly the development to that time:

The insatiable little girl had made the most exacting demands on the therapist before she could give her confidence. In games with Dottie I managed to cast myself in the role of a benevolent lady who would give a little girl anything she wanted. Her wishes were fantastic. She dreamed up vast quantities of candies, pastries and delicatessen. In game form these were presented to her and she consumed them all in a single gulp. Then she would cry that she was hungry and she wanted more and more.

Because of the inability of the mother to co-operate in Dottie's treatment during the early months, the therapist had to provide actual gratifications to a very large extent in order to establish the basis for a working relationship. The degree of earnest co-operation which the small girl was finally able to give in

her treatment was quite exceptional. She seriously joined forces with the therapist to "get rid of the part of her that wanted to be bad." She made heroic efforts to control herself and thereby won a softened, much less hostile response from her parents.

Therapy was a lonely project for her. She came to interviews unaccompanied. (I lived only a few blocks from her school.) She went home alone, and the little seven-year-old took the bus back to her home about a mile away. Her mother was unwilling to call for the child and felt that she was quite able to get around herself. Thus Dottie had none of the feeling of parental participation which children should have in therapy. She came to interviews in all weather, regardless of the strong resistances which she felt at certain times. She was rarely late for her appointments. She carried on the business of therapy like an adult.

It is important to note that, just before the happenings which we report here, Dottie's mother had started her own analysis. It appeared for a while that the mother's rejection and hostility toward the child were temporarily brought under control although, of course, no fundamental changes had yet occurred in her attitude toward the child. The mother's own neurotic symptoms had become exaggerated, however. Her insomnia had grown worse and she excused herself more and more from family responsibility on the basis of "feeling tired and ill."

As is to be expected when a child begins to bring his impulses under control, certain neurotic symptoms began to appear more strongly in Dottie around the time that her improvement at home took place. A slight tic made its appearance around the corners of the mouth, testifying to the strength of those oral aggressive impulses which had been controlled at such cost. Also an old symptom, the grinding of her teeth in her sleep, became so pronounced that the father claimed to me that he could hear the child several rooms away. At the same time I received reports that Dottie had become noticeably afraid of dogs at home. Although her father asked her to tell me about her fear of dogs Dottie did not bring this to me.

The therapeutic work had already begun to focus on some of Dottie's fears but it was noticeable that she evaded such discussions. When the material pointed strongly toward the area of her anxiety and I would suggest the underlying fear to her, she would become blank, turn her face seriously to me and say, "What did you say? I didn't hear you." It was evident that she was truthful in this. If pressed a bit she would become further confused and vague. Now, also for the first time, Dottie began to ask why she should have to come here when she was "all better" now.

Transference of the Dog-Phobia

During one interview of this period we encountered a "blankness" and unproductivity for the duration of the hour. Following this interview, which was remarkable only for its greater resistance, Dottie left the house.

Fifteen minutes later I heard a hammering on my door and screaming. It was Dottie. She ran wildly into the house and threw herself sobbing on the

floor. Between sobs she told me that there was a dog sitting on the steps next door. No, he had not chased her. She had just seen him there and she was afraid to leave my house. She had been waiting on my doorstep all this time because she did not know what to do. This was a small dog which I knew Dottie had encountered at almost every visit to my house. She had never reacted to him before. I do not know now whether this was because he was previously "exempt" from the phobia or whether she would not or was not able to tell me. At least he had never before produced an anxiety attack in her.

She was comforted and reassured. Since I had another appointment I could not go into the episode in greater detail but offered to see her home if she would wait for me. After some moments she said that she would go home herself and had figured out a route by which the dog would not see her.

A few moments later—and before Dottie had reached home—I received a telephone call from Dottie's mother. Her mother gave no reason for the call but said that she wanted to tell me something about herself. She wanted me to know, she said, that no matter how much Dottie improved it would make no difference to her. She said that she found herself getting angry at Dottie "and then I can feel the cords of my neck tighten and I'm afraid of what I might do to her." It was a violent confessional outpouring, without precedent in my experience with this mother and completely unexpected. In reconstructing this strange conversation it appears that in the early weeks of her analysis the mother had reached growing awareness of the depths of her hatred for the child. In this call to the child's therapist we can also suspect that the mother was acting out something in the transference to her own analyst.

Now to return to Dottie. One would expect that the episode of the dog-phobia on my very doorstep would provide the opportunity I had been waiting for to begin the exploration of the phobia. On the contrary, Dottie's resistance was now even stronger than before. She was completely unable to speak of the incident with the dog, assured me that she really was not afraid of that dog, yet came to interviews and left interviews through back-alley routes. Any allusion to this fear or others brought about the now familiar blank look and the pleading, "What did you say? I didn't hear you." At the same time I was helpless and unable to handle this in any way because of her denial of all fear.

We have the impression now that Dottie's anxiety on the doorstep of the therapist's house was caused by something more than the mere presence of the dog on the neighboring doorstep. Why did the anxiety attack come on at this particular point and not earlier in her constant encounters with this dog? True, the therapist and her house had become dangerous by virtue of the dog next door but had not the therapist been drawn into the phobia picture by something more than her proximity to the dog? Dottie's phobia had never been really severe in its other manifestations. It had never restricted her activities. The fact that she might encounter a dog on her way to school had never produced a resistance to going to school. The presence of dogs on her street did not prevent her from playing outdoors.

Several interviews passed. Then in one hour I happened to make a casual

inquiry about the health of Dottie's mother, who was still ill and depressed. Dottie gave the conventional reply and then, in a fashion uncalled for by the nature of the question, began to build up a pathetic picture of an idyllic mother love, how her mummy had said this and that, how they did thus and so together. She seemed to feel compelled to defend her mother against deep-felt reproach. I said at this point that all of this was very nice and I was glad to hear it but I wondered if sometimes Dottie did not worry about her mother. Some minutes later Dottie said confusedly, "What did you say?" I repeated what I had said. Suddenly, on the verge of tears, she cried out, "I don't want to come here. I don't like to!" I used this remark to point out to her that almost every time we talked about her worries she had difficulty in hearing me, and that now when we talked of her mother she did not want to come to see me. She nodded. I said that it was almost as if she were afraid of something here. Then I added jokingly, "What do you think I am, a dog who will bite you?" Reverting to play-acting I now proceeded to growl and bark timidly. She was momentarily startled, then laughed. In the next moment she was engaged in a game with me down on the floor, barking and yipping at me while I played the nursery game as a cowardly and harmless kind of pooch, crawling into corners and under the desk while she pursued me. She giggled throughout and screeched with joy as I simulated fear and whined as she approached me. She left the interview in high spirits.

In the next interview she arrived in an excellent mood. For the first time in several interviews she had taken the street route instead of the back-alley route from school to my house. She announced when she saw me that today when she saw the dog next door she just patted him on the head and she was not afraid. Her feeling toward me was once more relaxed and friendly, but it is interesting to note that we did not obtain any material at this time which led us further into the investigation of the dog-phobia.

The fear of the dog next door never reappeared in treatment although the dog-phobia was otherwise manifested according to the parents' reports to me. In the months that followed, analysis of the oedipal material brought about the dissolution of the phobia. In Dottie's later stories we learned of a wicked queen who was jealous of her beautiful daughter and had her taken out into the forest to be devoured by the wild animals.

The Therapist as Witch

Before proceeding to an analysis of the transference of the dog-phobia, I should like to cite one other example from Dottie's case which throws additional light on the transference.

During the period of the analysis of the oedipal material, the full strength of the oedipal conflict was manifest when Dottie's mother went abroad for two months. Dottie became seductive toward her father, wanted to sleep in her mother's bed in the parents' room, and when thwarted by the father, had violent tantrums and wept uncontrollably. At the same time, of course, her anxiety increased and her stories and games in treatment contained the fear of violence from the mother in numerous forms. A basic formula appeared in many of these

stories: A wicked queen jealous of her daughter, a scheme to get rid of the daughter (chop off her head, send her to the forest, etc.) and the beautiful daughter who learns of the plot and escapes. In one such version the little princess and her twin sister, who got her into trouble, fled from the castle at night. "They didn't even have a chance to take anything with them, only a refrigerator so as they wouldn't starve." There was a perilous flight across continents with the queen in pursuit. At one point the children sought refuge in a little house in the woods. It was a gingerbread house, Dottie said. An old, old woman lived there and lots of children came to see her and the witch turned them into candy. The story took another turn before I could explore this motif further. But I thought I caught a glimpse of myself in this old witch, in the words, "lots of children came to see her." I could not tell from the context just how I had emerged in this form, however.

Several interviews later the old witch cropped up again in another context. Now there had been evidence from Dottie's fantasies and stories, and reports from Dottie's father, that there had been sex play with a little boy of the neighborhood. Dottie told me a story one day. There were two children, a boy and a girl who were walking in the woods one day when they saw a sign saying: "Do not touch!" They touched it and they were enchanted and turned into statues. After a while a prince came along and disenchanting the children. And then in the rambling fashion of these children's stories we encounter the witch again in the next sequence. "The children come to a house in the woods and they see little statues of children turned to candy. So the children eat the candy and the witch is going to eat them up. Only she doesn't eat them up but they have to stay there for a year and then when the year is up they throw the witch in the oven and all the children come to life."

I was now quite sure I knew who the witch was. The witch wanted to eat the children up but she changed her mind. However, the children *have to stay there one year*. This detail made sense to me because a few days earlier Dottie had asked her father how long she would have to come to see me. (As our therapeutic work drew closer to her sexual activities and fantasies she had rapidly come to the conclusion that she had already stayed with me too long.) So she had asked her father with some show of petulance how long she would have to come to see me. Her father had told her rashly, "Oh, about a year."

Here we see the therapist again as a devouring woman, a witch who will eat up the children. But she changes her mind and commutes the sentence to one year. In this context the children have touched something forbidden (symbolizing the sexual activity) and the child expresses her fear that the witch (therapist) will do something dreadful to her when she learns about these sexual games.

Analysis of the Motives for the Transference of the Dog-Phobia

In reviewing the events which led up to the transference of the phobia we see the following sequence: The fear of dogs became intensified as the aggression against the mother was internalized during the first months of treatment. The dangerous animal is the mother. From

the material we perceive that the dangerous animal embodies the child's aggressive and destructive wishes, yet represents from the side of reality the mother's aggression against the child and the objective danger which the child fears from the mother. It may be suggested, too, that the mother's illness plays a role in the intensification of the dog-phobia. For with the reality of the mother's illness the child is forced further to deny her hostile wishes against the mother.

We begin to see resistance to therapy at the point where the therapeutic work begins to deal with the anxiety. The child now defends herself against the analytic investigation in the same manner as she defends herself against the anxiety. The mechanisms of defense are isolation and projection.

It seems very important that at the point where the mother's own aggression and destructive wishes against the child break through the child is faced with her perception of a real danger coming from the mother. This serves to reinforce the symptom, for the ego of the child is now threatened from both sides, from within by the dangerous impulses, and from without by the dangerous mother.

At the same time another step is taken by the ego to ward off the "two-headed" dog. The therapist is perceived as dangerous, for if she removes the symptom the child will be exposed to intolerable anxiety. At the height of this conflict, then, the child suffers an acute attack of anxiety and her symptom is literally transferred to the doorstep of the therapist. She is afraid of the dog next door. At this point we may speak with some caution of a "transference neurosis" in that the neurosis is now transferred to the therapeutic situation.

We observe that the child does not recognize the "transference nature" of this development; she sees only a dangerous dog. We have great difficulty in isolating this phenomenon for analysis and meet only stronger resistances against coming for treatment. We are able at last to dissolve this transference through an interpretation and through the devices of play which we utilize with children. The therapeutic situation is now cleared for the further work required in the treatment of the neurosis.

We are interested in the question: Is this a transference neurosis? Considering the commonness of animal-phobias and the frequency of our encounters with such phobias in child analysis, I am impressed by the fact that this is the only time in my own experience that the symptom has been transferred to the therapeutic situation. As a rare occurrence, then, this "transference symptom" invites our interest.

Upon closer examination, however, we find that this is not, properly speaking, a transference symptom. For the phobia originated in

the child's relationship to her mother and maintained itself on this ground at the same time that it appeared in transference to the therapist. The symptom was not detached from its original object and reformed around the person of the therapist. As we saw it, the symptom was only *extended into* the therapeutic situation in order to ward off the dangers which the child perceived there. We are not justified, then, in equating this manifestation with a transference symptom.

We could say that the transference of this symptom constituted a resistance against the therapeutic work, but this condition seems to have been made necessary by the *reality* in which this child lived at the time. In order to deal successfully with a phobia we must be able to unmask the object of danger and demonstrate to the patient how his fear is unrelated to external reality. However, when a mother reports to us that her own hatred of her child is so intense that she herself is afraid of what she might do to her child, we cannot say that the child's fear is not in some measure justified. And if our therapy has already deprived the child of her ability to fight back in her behavior at home, we must admit that we have put this child in real danger. We could show Dottie that the therapist was not dangerous to her, but at this particular point in her treatment and in her mother's analysis, we could not yet deal successfully with the reality factors at home.

Does the story of the witch cast further light on the transference of the dog-phobia? We recall how the witch in the house in the woods was first going to *eat* the children, then changed her mind, but made them *stay for one year*. Perhaps this story is a parody of the events. For first there was the fear of the therapist as represented in the dog-phobia (the fear of being bitten, eaten or destroyed). Then at a later point of resistance where the child's anxiety about her sexual activities is manifest, the danger perceived in the therapeutic work is not clearly defined; she will have to stay for one year.

TRANSFERENCE OF ANAL RESISTANCES IN THE CASE OF A FIVE-YEAR-OLD GIRL

Summary of Background and Pertinent Material

Margaret, five-and-a-half-years-old, was brought to me for treatment of her enuresis which had persisted from infancy. At the time of referral she was a docile, fastidious, very proper and well-behaved child, whose bed wetting appeared to be the only problem to the parents.

Margaret had been placed in a foster home at the age of three due to family circumstances and the mother's inability to cope with the child's soiling and

smearing of feces. The father was at the time still in the armed services and hardly knew his little daughter. The soiling had ceased soon after placement but bed wetting had persisted. It was known that the foster mother had spanked the child for her bed wetting. After almost a year of placement the child was returned to her own home. At about the same time the father was released from service and the household was re-established. With the return of the child to her own home there was no recurrence of the soiling but frequent constipation became a problem. The mother administered enemas which the child herself sought and enjoyed. (This information was given by the parents and confirmed by the child herself.)

According to the history provided by the parents, Margaret had demonstrated her affection for the father and her jealousy of the mother in an open flirtation with the father when he returned from service and the family was reunited. In the course of a few months the flirtation had given way to an attitude, now characteristic, of renunciation and docile submission to unalterable circumstances.

At the time she came into treatment Margaret's character seemed already formed on the basis of rigid reactive defense mechanisms. Unfortunately the excessive tidiness and compliance were virtues highly admired by the mother, so that our initial task was difficult. From a clinical point of view the transformation of the tiny girl who soiled and smeared feces and defied her mother into the five-year-old who now appeared for treatment, was indeed an impressive one. No trace of the original impulses was visible. The pretty, healthy, social and talkative youngster impressed everyone she met with her charm and ease. There was no visible tenseness, not so much as a bitten fingernail to testify to the presence of those instinctual wishes which had been renounced with such completeness. There was only the bed wetting. During the two and a half years of the analysis the investigation of this symptom revealed how every step of the way in ego development this single symptom accommodated the instinctual impulses which had been conquered by the ego.

The first months of treatment centered mainly upon the rigid defenses against dirt and messiness, for Margaret would permit herself none of the usual child's activities in the playroom because of her excessive tidiness.

Gradually she became freer with me, but at first this behavior was confined to the analytic hour, with no change in her behavior at home. After a while the degree of freedom achieved in interviews began to spill over at home. She allowed herself at first to become playfully aggressive toward her mother, then to show a little bit of defiance, and finally there were a few occasions on which she openly expressed anger with her—once defiantly wetting on the floor.

As a result of the partial freedom gained from the first months of analysis, she began to achieve occasional dry nights. She now entered a new phase of the treatment. Following the first stage of the analysis of the reactive defense mechanisms, there began to be signs of a reactivation of the oedipal conflict at home. According to the parents, Dottie began a frank flirtation with her father, in every respect similar to her behavior of the previous year which had almost

disappeared during the few months preceding treatment. Unfortunately the father found Margaret's flirtation amusing and for some time encouraged her fantasies by participating in little games with her. And now, too, Margaret began to make sly, giggling allusions to parental doings in bed and called her Daddy a "bad boy" with some amusement. I found it interesting, too, that this child who had been well educated—even overeducated—on sexual matters, now delighted in flaunting her own theories of birth. She insisted that babies came "from a man's rib" and defied anyone to disagree with the Bible. She revived her old and abandoned belief in Santa Claus and wept if either her parents or I cast some doubt on the matter or suggested that she was joking.

The more flirtatious she became at home with her father, the more fully she reverted to her earlier compliant, dutiful relationship with her mother. In interviews her former freedom and activity once more became restricted. She tediously arranged and rearranged my desk drawers or the doll house and begged me for compliments on her house-keeping. She compared herself to all my untidy and destructive patients and exclaimed in horror and disapproval at my lack of concern. When I reminded her that this was the way she had behaved at the very beginning with me and that we knew already why she had to do these things, she turned a deaf ear. More than that, she now denied all the earlier interpretations, intimated that I was a liar and that she would not talk to me at all. All this would be said with extreme politeness.

For several interviews after this Margaret engaged in this type of repetitive play and hardly spoke at all. When I attempted to help her see that this was her way of showing anger to me, she would insist gravely that she never got mad at anybody and that she could not talk because there was nothing to talk about.

So there we were; and we know that nothing hinders the treatment of children so much as this kind of resistance. For the child is under no obligation to communicate his thoughts to us in spite of inhibitory influences, and our technique must be based on the contents of these silences, of which we know very little at this point.

We see, therefore, that Margaret had transferred her defenses to the therapeutic situation. But why did they not yield as they had earlier to the attitude of the therapist and her interpretations of these defenses? What new factor had been introduced?

The Stories of the "Teensy-Weensy Apples"

One day during this unproductive period I noticed that Margaret was making a little basket of plastilene. She modeled little balls which she put in the basket. When I inquired about this she explained, "They're teensy-weensy apples, because I want them to be teensy-weensy." Then as an afterthought she said, "And if you asked for one, I wouldn't give it to you. And if anyone asked for one I wouldn't give it to them, either. Ha. Ha. Ha. . . ." Her voice was serene and gave no evidence of the hostile nature of her statement.

Here we recognize immediately the significance of the little balls and their relationship to the general pattern of anal resistance, the stubbornness and

refusal to talk. In order to analyze the content of this statement without arousing further resistance, I suggested that I would tell Margaret a story about a little girl and some apples.

My story went like this: "Once upon a time there was a teensy-weensy girl who lived all alone in a teensy-weensy house in the woods. One day there came a knock on the door. And there was an old, old woman. She said, 'Little girl, give me the biggest apple that you have!' " (This was a deliberate parody of the mother who still praised Margaret for her "fine b.m.'s.") " 'No!' said the little girl. 'You have to!' said the old woman. So the little girl was scared and went into her house and gave her the biggest apple she had. The next day the old woman came back and she wanted a still bigger apple. And the little girl gave it to her. The third day she came back again and the little girl fooled her and gave her the teensiest-weensiest apple she could find. And the witch was so mad! (To Margaret.) What do you think she did?"

Margaret (delighted): "She threw it in the garbage can!" I: "So the old witch went back to her house and she never went near that house again!"

Margaret: "No! 'Cause she comes back. 'Cause she's so mad and she tries to catch the little girl. Oh! Does the girl have a mother? Where is the mother?" I: "Let's pretend there's a fairy godmother, too."

Margaret: "Yes, so when the old witch tries to catch the little girl the fairy godmother puts her in jail."

I was interested to find that Margaret seized on this story and worked it over with fresh additions in several interviews that followed. Each time she would insist upon my telling the original story as I have reproduced it here and she would pick up the story at the point where the old witch was fooled by the little girl. For the most part Margaret's additions were tedious elaborations of her original theme in which the witch tried to catch the girl and was sent to jail. It seemed to me that there were countless repetitions of this tale and I was thoroughly tired of this creature I had conjured up, when one day Margaret brought forth a significant new addition.

After requesting the usual prologue from me, Margaret said: "Then the old witch goes away and gets a giant. And he's a *bad* giant. He's going to set the little girl's house on fire. And then the fairy godmother comes and puts him in jail. And the witch too. . . . And *then* a *bigger* witch comes, a big *fat* one and she wants the little girl to give *her* apples and she won't and the fairy godmother puts that one in jail, too. And then another big, fat witch comes. But she's a nice one. *She* won't do anything to the little girl. She'll just talk to her nice and help her with her troubles." (And, since Margaret already recognized this third old witch, she threw me a spurious smile and spoke her last words in a conciliatory tone of voice.)

On the basis of our knowledge of the child's history we have no trouble in translating this story. Beginning with Margaret's modeling of the "teensy-weensy apples" and her statement, "And if you asked for one I wouldn't give you one, etc.," we recognize that the little apples

stand for feces and the refusal and obstinacy contained in these words and in her inability to talk, belong to the anal resistances.

The therapist's story was, of course, invented with this knowledge. But let us look at Margaret's additions and variations on this theme:

We recall that the basic story is always the little girl who will not give her apples to the old woman. And this part of the story is always rendered by me. Margaret adds this time:

"The old witch goes away and gets a giant and he's a bad giant. He's going to set the little girl's house on fire. And then the fairy godmother comes and puts him in jail, etc."

During Margaret's placement at three the mother (old witch) joined her husband at frequent intervals at his army post. The mother became pregnant at one point and miscarried. The child was later told of this. It will be remembered that at the end of placement the father had returned home. (The old witch goes away and gets a giant.) The giant who is bad and is going to set the little girl's house on fire, plays a part in many later fantasies and stories of Margaret. He is, of course, the father. We learn, later, of a characteristic oedipal dream of a "house on fire" which preceded the bed wetting in Margaret's case. On one occasion Margaret dramatically acted this out. Her father gave her a hug one day: Margaret wet her pants and cried out, "Daddy, daddy, you bad boy. You made me wet my pants!" We note that the fairy godmother puts the witch and the giant in jail in this and the second part of the story. Perhaps this makes sense if we interpret the punishment of the wicked pair as the punishment the little girl anticipates for her own naughtiness. "Going to jail," as we know, is a convention which children utilize in their fantasies as the appropriate punishment for the criminal, hence for their own criminal and bad wishes.

"And then a bigger witch comes, a Big Fat one, and she wants the little girl to give her apples and she won't." The big fat witch is unmistakably the foster mother who was, indeed, fat, and who came in for much ridicule from Margaret on this point when she was mentioned in treatment. And the Big Fat one is thrown into jail, too, of course. "And then another big fat witch comes, but she's a nice one. She won't do anything to the little girl, just talk nice and help her with her problems." The third big fat witch is, of course, the therapist. Margaret's nice remarks about her are simply "apple polishing" for we see how she slips in a derogatory statement by making her a big fat witch. I should point out that in this respect I was identified with the foster mother because the child had been placed in a foster home for her soiling and now she was sent to me for her bed wetting, a symptom now used to express much of the stubbornness and defiance earlier expressed

in soiling. I should also mention that I had already noticed that Margaret identified me with the foster mother earlier in the treatment, and had dealt with her fear that I might punish or spank her, as the foster mother had, for wetting her bed.

Having identified the three witches and the giant, we must now try to discover why this material was brought out at this time. *Why did the anal resistances come to the foreground at this particular time?* Why was the therapist perceived as dangerous, too?

It will be recalled that the therapeutic work had been dealing in some measure with the defenses against aggression and had succeeded in bringing forth manifest aggression at home. Soon after Margaret became seductive toward her father she restored her earlier conciliatory and passive relationship to the mother. This tells us that she feared her aggressive feelings toward the mother. Yet we did not know why.

Perhaps the most important part of Margaret's "three witches" story is that of the first old witch. The first old witch, the mother, *went away* from the little girl and got a giant, after the little girl refused to give her apples. Margaret, we know, was placed in a foster home for her soiling while the mother later joined the father. We know that one of the earliest anxieties of the child arises from the danger of losing the mother. This fear exerts a major inhibitory influence on the early aggressions of the child. In Margaret's case the fear was realized through placement. The story of the witches tells us the fate of a little girl who becomes obstinate with witches.

We understand now why the child was unable to progress in her treatment. For to acknowledge the aggressive feelings toward her mother was to incur the danger of being sent away or losing the mother. Her earlier aggression toward the mother, which took the form of soiling and withholding of feces, had brought about her placement and loss of the mother.

But I had not considered this element at this point of treatment. I had failed to recognize the child's story as her fear of being sent away. Rather I had seen that she identified me with the old witches who wanted the little girl to give up her apples. With this insufficient diagnosis I pursued the fruitless course of demonstrating to Margaret that I did not feel that the little girl was "bad," etc., and that I would not be like the other old witches. I also spent weeks trying to help the child acknowledge her aggressive impulses.

Fortunately after some weeks, the material pointed so persistently in one direction that I was able to recognize Margaret's fear and deal with it. There was a sudden spurt of progress in the treatment when I finally made an interpretation to Margaret which dealt with her fear

that if she became angry with mother she would be sent away. In the very next interview the child brought in her first anxiety dream in which she was pursued by a dog, marking the point in therapy where the anxiety at last broke through.

I wonder whether my technical error is not instructive for us in this study of transference phenomena in child analysis. For it appears that I recognized only one aspect of the transference. I had recognized the transference of the stubbornness and withholding from the mother to me, but I had, tentatively, attributed this to the child's acting out of her oedipal strivings at home. With an adult this might be a correct construction because of the interpretation we must put on "acting." But it is clear that this particular material must be differently construed.

Analysis of the Motives for the Transference

We might at this point attempt to reconstruct the elements in the transference resistance:

In dealing with the reactive defense mechanisms in the early months of treatment, the therapist makes it possible for the child to bring out her aggression against the mother. Now begins a period of acting out in which the child becomes demonstrative and seductive with the father. We note that this "acting out" is by no means an "acting in the transference." The child does not revive her earlier libidinous tie to the father in order to resist the work of analysis. This is not "acting in order to remember," or in opposition and resistance to the analytic rule, since of course the child is under no obligation to observe the analytic rule in the first place. What we see is simply the result of our undermining of the defenses: a liberation of that portion of the libido which was the last, historically, to yield to reactive alteration.

With the acting out of this oedipal drama at home the child begins to fear the mother's anger and possible retaliation. She then effects a compromise. She permits herself flirtatious gestures toward the father and propitiates the mother through greater demonstrations of love and reactive defenses against her aggression. At the same time the child recognizes the therapist as a threat to this compromise solution since the therapist attempts to undermine the reactive defenses through interpretation. The child now reacts to the interpretations through a strengthening of the defenses.

The defenses which we now deal with in analysis derive their potency from three sources: (a) the strength of the hostile and aggressive wishes, (b) the fear of the consequences of these wishes "to be sent away," (c) the anxiety produced in the therapeutic situation as a con-

sequence of the therapist's efforts to deal with the defenses. Of course the therapeutic error lay in the attempt to work with (a) without first dealing with (b).

The child adopts the same behavior with the therapist as with her mother in this dilemma, propitiating her through demonstrations of excessive tidiness and propriety and employing stubbornness and withholding as aggressive and retaliatory measures. But her story of the little girl and the witches tells us why. There is danger in this big, fat, nice, old witch who "just talks nice" to little girls. If the therapist should succeed in exposing her impulses she will be left to a dreaded fate, possibly of being sent away once more. The reactive defenses which the child has employed in dealing with her aggression toward the mother are thus transferred to the therapeutic situation for the purpose of warding off the dangers implicit in the therapy.

GENERAL CONCLUSIONS

From our study of these two cases we see very clear evidence of the existence of transference phenomena. What interests us, however, is the limited field in which these transferences operate during the course of a child analysis. In neither case can we speak of a transference neurosis in the correct usage of this term, for we saw no evidence that the child gave up his neurosis in the course of therapy and centered it anew on the analyst and the analytic situation. When Dottie's dog-phobia is transferred to the therapist we see that it is merely *extended into* the analytic situation, it is not relinquished in the child's daily life. When Margaret transfers her reaction formations against aggression and dirt, we find the identical reactions in her behavior at home for the same period. In each case we found the motive for the transference in the child's perception of danger in the therapeutic situation.

Further study reveals other factors which make it difficult to establish an equation between transference phenomena in child and adult analysis. In considering, for example, the major types of transference phenomena which Anna Freud describes in her classification, we encounter some striking differences; moreover, we find certain manifestations which have no analogy in child analysis. As a frame for studying the transference manifestations in child and adult analysis I have grouped some of our findings in these children's cases around the three major types of transference phenomena described by Anna Freud (1, p. 18). These are: (1) transference of libidinal impulses, (2) transference of defenses, (3) acting in the transference.

With reference to the transference of libidinal impulses, we gen-

erally encounter in child analysis conditions very different from those in adult analysis. For although the child displays his affection for us, his dependence on us, and at times his anger or his jealousy of other patients, we only share these feelings with his own parents and, at that, we must say that we usually obtain such emotional reactions in a more diluted form than they appear in his family relations.

If we return for a moment to our two cases, we see that with both little girls we had occasion to observe a reactivation of the oedipus complex in the course of therapy. In each case this took the form of demonstrative and seductive behavior with the father and corresponding fear of the mother's retaliation. In Margaret's case this behavior had not been evident for almost a year prior to the beginning of analysis and we saw how the full strength of the original conflict was aroused again soon after we began to analyze the reactive defenses. In Dottie's case this behavior occurred a short while after the first effective work was done in relation to the dog-phobia, but the full strength of the oedipal strivings was not brought out until the mother took her trip abroad.

Yet in both cases when the therapeutic work brought about a temporary reactivation of the oedipus complex, the child did not direct the libidinal impulses toward the analyst, but directed them *once more to the original objects*. With the adult, when certain repressed features of the oedipus complex make their first appearance, they are centered first upon the person of the analysts and make their presence known in the analytic work either through direct transference of the libidinal wish, or the defenses against the wish. With the child the work of repression has not dealt completely with the oedipal strivings; the censorship is established but still corruptible. Even with the normal child well into latency, the temporary or permanent removal of the rival parent from the scene will easily serve to rearouse oedipal desires which have undergone only partial repression. The superego of the child is still largely dependent on the external presence of the parent or support from the environment.

So that in our work with the child the analysis of defenses may bring about a temporary reliving of oedipal desires and conflicts in relation to the original objects, which means that we have liberated certain impulses which the child with his still inadequate superego organization chooses to utilize in the most favorable manner for himself—through once again attempting to gratify these desires through the parents. This is in direct contrast to the adult patient, as we know. Where these same impulses are almost obliterated by repression, our work with the defenses may begin the liberation of the impulses, but

these impulses cannot seek gratification through the original objects because of the strength of the superego. Instead, as we know, the impulses or their defenses are directed toward the analyst as a representative of the original object; they are transferred.

When we turn to the transference of defenses we find richer data for study in children's cases. We find that the child like the adult will defend himself against the analytic work at every point where he feels himself in danger. We saw how Dottie transferred her dog-phobia at a point when therapy presented the danger to the child that her symptoms might be exposed and that her own destructive impulses might break through. She now brought the phobia into analysis to serve its useful purpose in this new danger situation. The dangerous impulses which the child perceives may be exposed by the therapist; they are warded off by the same neurotic mechanisms which served the child outside of therapy and now serve to resist the analytic work. It seems important to add that Dottie was also facing at the time an objective danger situation, the mother's genuine hatred and destructive feelings toward the child. In the child's mind therapy could expose her to real danger.

With Margaret we saw how the reaction formations against aggression and soiling were transferred from the mother to the therapist at a crucial point in the analysis. When the child feared that her impulses might be liberated through therapy she utilized the same defenses against the therapeutic work as she employed against the impulses. Again our work of analysis revealed how these strong resistances were set up by the child because these impulses might bring about an objective danger situation, the loss of the mother. Historical events had fixed this pattern. Earlier the child's soiling and withholding of feces had brought about her placement in a foster home.

Still another motive for the transference appears in Dottie's case. We observe that at a later point in treatment, as our work brought us close to her sexual activities with other children, the therapist made her appearance in the "Do not touch" story as a witch who wants to eat the children but changes her mind and just makes them stay for one year. The child fears that when her secret pleasures are discovered by the therapist she will be punished in some way. And something else, too. Around that witch's house were the many victims of the witch, the children who were transformed into candy. Dottie knew that in coming to see me she had submitted to an ultimate change or transformation of herself. Perhaps the "transformation" theme of this story has two meanings. One the fear of castration which presents itself frequently in the idea of transformation; the other an alteration of herself which implies the giving up of the pleasurable aspects of her behavior. I think this

would be typical for children. The child guards his secrets from us not only because of the expectation of punishment but because he fears that in telling he will have to relinquish his pleasure.

Moreover, I think this material reveals even further differences between the child's motives for such transferences and the adult's. When the child transfers his defenses it would seem that he still appraises reality in terms of a child: he fears that his impulses may bring about an *objective* danger situation. He is still dependent upon his parents and we know that even in later childhood the superego has not achieved independence from the early objects. Thus when Dottie and Margaret resist the work of therapy we see how to their child minds therapy may bring about an objective danger for them. Fear of parental retaliation for his bad impulses is still a more powerful motivation than criticism from the superego. When a child fears castration as punishment for his libidinal wishes, such fears are very real to him. We have to strain the child's reality testing to the utmost to help him appraise his fears as unreal. The adult *knows* they are unreal and utilizes his mature perceptions of reality to co-operate in the analytic task of tracking down these alien and absurd fears. If the notion that his analyst will punish him for certain forbidden thoughts occurs to the adult patient, he will readily agree that such a fear has no place in objective reality. The child, however, sees such a danger from the analyst as real and often we have to *convince* him first of the unreality of such feelings before he will work with us to understand them and put them in their proper relationships.

A third type of transference phenomena is spoken of as "acting in the transference." In adult analysis we mean by this term the "acting out" of transferred impulses or defenses in the daily life outside analysis. It is understood that in such acting the patient has temporarily abandoned the analytic rule and "acts out" certain aspects of the transference neurosis in other relationships in preference to the analytic situation.

Here, we encounter real difficulties in establishing an equation between the behavior of the child in analysis and the adult. For although child analyses provide a store of examples in which the child acts out certain features of his neurosis in his daily life, some of which are under the influence of the analytic situations, such behavior cannot be called "acting in transference." This would presume that a transference neurosis was already in existence and that the child patient, in violation of the analytic rule, chose to give expression to his transferred impulses and defenses outside of the analytic situation. We have, so far, found no evidence for the existence of a transference neurosis in child analysis. In the two cases discussed here we have found ample material testifying

to the existence of transferred reactions, but neither in these cases nor in others do we find that the child gives up the original neurosis and creates it anew in the analytic setting. Furthermore, the child is not committed to an analytic rule, or at least to anything which resembles the therapeutic conditions which we set up for the adult. So that when a child "acts out" at home or at school we cannot even say that he is doing this to resist therapy. We see connections between such acting and our analytic work and we utilize them for interpretation, but the conditions which bring about such acting appear to be different from those in adult analysis.

With Margaret we saw an "acting out" of the oedipal conflict during one phase of her treatment. The connection between this acting and our therapeutic work is obvious. For we had partially undone certain reaction formations against aggression which she had acquired for the purpose of warding off the dangerous feelings toward mother. When our therapeutic work centered on these defenses, we inevitably liberated impulses which the child promptly sought to gratify through reliving the abandoned oedipal wishes at home. This acting did not represent to the child a resistance to the analytic work. If anything she must have been pleased with the analytic work at this point. It was only later when Margaret herself became frightened at the strength of these impulses that she hastily began to rebuild certain of her defenses and transferred these defenses to the analytic situation.

In fact, "acting out" seems to be almost the first reaction of the child patient to the removal of neurotic inhibitions made necessary in the course of analytic work. It becomes our task to help the child bring these impulses under control and to establish defenses of a more satisfactory nature, but we are all familiar with periods in the child's analysis in which we expect to see acting out and even take the precaution of forewarning the parents.

One even has the impression that a child in analysis relives his neuroses on the familiar home ground. When we are able to obtain careful reports from home they provide us with a wealth of supplementary material. We discover old or abandoned behavior patterns or symptoms which are relived at home on a transitory basis. With Margaret, for example, there was a period during the analysis when this child, who had entered treatment with the most rigid reaction formations against dirt and aggression, again reverted to soiling and withholding. It was of the utmost importance to secure the co-operation of the mother in handling these episodes which were brief in duration but created the most acute anxiety in the child. The actual demonstration that this time she would not be punished for soiling, nor lose her

mother, was much more effective than my assurances alone would have been. We do not replace the parents in the child's world and we must count heavily on the support of the parents for undoing neurotic mechanisms every bit of the way.

Melanie Klein puts a different interpretation on such a reliving of the neurosis in the environment by the child in analysis. She cites it as evidence of the existence of a transference neurosis in child analysis (3, p. 165). I believe, however, that it is evidence of something quite the opposite. It demonstrates once again the primacy of the home and the original objects as the field of the childhood neurosis. Where the adult patient relives his neurosis in the transference, the child may undergo a parallel reliving of his neurosis, but in relation to the original objects and to the environment. Only secondarily and in diluted form do we perceive this reliving in the transference.

It may be worth while mentioning here the technical problems which we encounter in interpreting transference reactions to children in treatment. Although we utilize interpretations of transference in our therapeutic work and assist the child in understanding the unreal nature of his feelings toward the therapist, I cannot say from my own experience that I can credit the analysis of transference reactions with being the powerful agent of therapy in work with children that it is with adults. Sterba points out, in "The Dynamics of the Dissolution of Transference Resistance" (4), that the analyst (with the adult, of course) allies himself with the ego of the patient, assisting the ego in accomplishing a separation of the reality-testing functions from the unconscious strivings which are re-enacted in the transference. The patient, with the assistance of the analyst, becomes an observer of his instinctual life. It follows that the patient must have sufficiently developed the function of reality testing to understand and to carry out this very difficult and indispensable analytic task. He must be able to recognize the transference nature, the unreal quality of the feelings and attitudes which attach themselves to the analyst.

Occasionally a child will delight us with his ability to accomplish this "splitting," to separate the observing functions and the instinctual life. Such a child, one with exceptional reality discrimination will seek out with us the cause and sources of his transferred feelings. But for the most part our child patients have great difficulty in recognizing many of their feelings toward us as unreal. If we are about to bring to light a secret pleasure or a criminal wish the child may behave toward us as if we were a gestapo agent, and as far as he is concerned his feelings are not unreal. With an impulsive child we may find ourselves in the dubious position of analyzing a transference reaction at the very mo-

ment—or immediately after—it has led him to destroy our furniture; not the most favorable time.

Our activity and participation in the child's play and his games creates its own difficulties both in establishing the transference nature of certain reactions and in interpreting them. In studying transference factors in one case, I found it difficult to appraise the child's behavior toward me because I had often played "house" with him and been given the role of mother.

There is one more question. At what age can we expect to find conditions which favor the development of a transference neurosis? It would seem that in puberty, when the instinctual strivings are revived but cannot be directed to the original objects because of the child's fear of the instincts, it would serve the purpose of the pubertal neurosis to transfer the libidinal impulses. In our work with children of this age, however, we have been impressed by the fact that the original neurosis is still centered to a large extent on the sphere of the home and the infantile objects; we cannot yet speak of a transference neurosis. It may be that we are not justified in looking for a transference neurosis at any point at all before maturity. We have little data on the subject of transference in adolescence, but here, too, it would seem that before the superego has become independent of the parents, and before new objects are sought to replace the parents in the child's love life, there can be no motive for the formation of a transference neurosis.

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PSYCHOANALYTIC MATERIAL RELATED TO OBSERVATIONS IN EARLY DEVELOPMENT

By IVY BENNETT and ILSE HELLMAN (London)

I. EARLY DEVELOPMENT

The analysis of children whose early development has been followed by analytically trained observers provides us with opportunities for research of a special kind. Under ordinary circumstances we form our picture of the child's development and of the factors likely to have contributed to the establishment of his neurosis on the basis of the history obtained from the parents. In cases like the one to be presented here, circumstances have made it possible for one of the writers to be in daily contact with the child for a period of almost four years during his stay in a residential nursery in wartime.¹ Moreover, in his tenth year the child came into psychoanalytic treatment, and the writers have been able to collaborate in comparing observations made during his early development with the material subsequently gained during his treatment. The relation between history and psychoanalytic insight can therefore be studied in greater detail and with greater precision than is possible in cases where we have to rely entirely on the parents' account. We can examine and verify in how far certain early predictions we have made have in fact come true. We can follow the fate of the libidinal development, of the defenses, and of early sublimations; we can see how permanent or passing object relationships have influenced the character formation; and we can gain greater insight into the relation between outer and inner reality by linking experiences the child has gone through under our eyes with the retrospective view we obtained about them in the course of analytic treatment. Finally, we may find that we have failed to observe, and therefore to counteract, certain trends which are shown to have played an important part in his later disturbance.

History Before Entering the Nursery

Martin has never seen his father. He is an illegitimate child, and his mother lived with him in a hostel until he was four months old, when

1. The Hampstead Nursery, London, which was organized by Dorothy Burlingham and Anna Freud. Miss I. Hellman was Superintendent of the Department for children from eighteen months upward.

he was weaned abruptly and placed in a foster family with eight other children. During this time his mother had to work and visited him on Sundays for a few hours. We know little about him until his admission to the Nursery, at the age of sixteen months, except that the foster home proved unsatisfactory. He had been confined to a cot most of the time and therefore did not learn to walk. He made no attempt to talk and became very subdued. For these reasons his mother removed him from the foster family and he entered the Nursery.

In his first half year, therefore, he has experienced sudden oral deprivation caused by rapid weaning, and separation from an unusually loving and demonstrative mother. The effect of these severe early frustrations can clearly be traced throughout our observations. In addition, his early ego activities were greatly restricted owing to lack of space for free movement and lack of stimulus for intellectual and speech development.

The Mother

Martin's mother is a country girl and he was born in her middle twenties. She is tall, strong and heavily built and gives vent to her emotions freely. From the start she made it clear that she did not wish to talk about her past; she never referred to Martin's father, and her attitude was such that we did not attempt to broach the subject. She occasionally made derogatory remarks about men, and was never seen in a man's company.

Whatever her feelings about the coming child may have been during her pregnancy, once Martin was born she grew extremely fond of him. In fact, her whole life came to center around him, and under the most difficult wartime conditions she always found possibilities of providing him with every care. She made ample use of the opportunities the Nursery gave mothers to visit their children. She visited Martin daily, and after two years decided to join the Nursery staff in order to be with Martin always, although this meant a drastic reduction in her income. She often had sudden changes of mood and outbursts of temper, but became so attached to the Nursery and especially to the Superintendent of the department in which Martin lived that she has maintained a good relationship with her up to the present.

The Nursery

As has been described in detail elsewhere,² the Nursery was so organized that each child belonged to a small "family" of children under

2. D. Burlingham and A. Freud: *War and Children*, International Universities Press, New York, 1944.

the care of a substitute mother. At twenty months Martin became very attached to the Superintendent and for this reason was taken into her "family" and spent most of his time with her while his mother was working. He formed a very good relationship with her and this has been maintained throughout subsequent years.

Observations during Martin's Stay at the Nursery

When Martin came to the Nursery at the age of sixteen months he was an unusually fat, placid baby, with bright blue eyes and long fair curls. He had great charm and caused much amusement from the start. After a few weeks of Nursery life, which gave him the freedom he had previously missed, and reunited him with his mother, he began to walk and was generally more active. His most remarkable characteristic was his greed. The sight of food excited him at any time of day, and he seemed insatiable. He was delighted with his mother's daily visits, which were mostly spent in kissing and cuddling. The mother stimulated him orally in an excessive way by giving him more sweets and food than even he demanded, and by always kissing him on the mouth. It was typical of her sudden changes of mood that such demonstrations of love alternated with sudden outbursts of anger and smacking, only to end in reconciliation with once again renewed, prolonged kissing. These cycles, first observed in the second year, set the pattern for the intense sadomasochistic relationship which has had the most decisive influence on Martin's development.

Our observations during the second and third year center mainly around the problem of his reluctance to give up immediate instinct gratification. In spite of his strong relationship both with his mother and his substitute mother, educational measures did not bring expected results. The modification of his instinctual demands proceeded extremely slowly. His greed persisted, his cleanliness training was not completed before his fifth year, he was unable to wait for satisfaction of any kind, and seemed to adhere to the pleasure principle with unusual tenacity. Two main ways of evading demands could be observed: he would either make a humorous reply, act like a clown and make every effort to make us all laugh, or he would turn away from the person who had made the demand on him, and turn toward another who did not know what had been expected of him. In this way he played up his mother against his substitute mother, and vice versa, successfully slipping between the attempts either of them had made to make him modify his behavior. Martin usually seemed to be in a good mood, though not in any way overexcited or noisy. Most of his time was spent watching the adults at their work, pretending to work with them, but

in fact never carrying out an activity which needed any measure of concentration and perseverance. While watching or "working" he usually sucked his thumb.

We watched Martin go through the oedipal phase without a father, and in his fourth year he appeared to take a turn toward masculinity in the manner usually observed with boys of his age. He insisted on wearing a cap or helmet, walked with long steps, talked in a deep voice and boasted of his strength. During this time he became very fond of a male worker in the nursery, whom he imitated exactly. From his behavior it was obvious that he not only loved him and wanted to become like him, but that in fantasy he really *was* "Big Bill" and he referred to himself as "a worker" in a nursery. After some time, however, it became apparent that this new development was not accompanied by the character changes usually connected with such a relationship. It seemed to be an "As if" development, leaving his personality unchanged. His oral demands continued and there was no trace of any successful beginnings of sublimation. Martin's language development continued to be very poor, and he never gave verbal expression to daydreams or fantasies. While most other children without fathers asked about them, and told us elaborate fantasies concerning their fathers,³ Martin was never heard to refer to his. This must have been partly due to his mother's reticence about the subject, as well as to the fact that, unlike other mothers, she never confronted Martin with a man friend of hers. Treatment material later showed, however, that such fantasies were by no means lacking, and that it was the intensity and the terrifying nature of the child's inventions about the father that were responsible for his inability to express these early fantasies, and for his failure in making a complete masculine identification.

Martin went through a phase of great jealousy in relation to his substitute mother. Another boy, one year his senior, belonged to her "family" of children in the Nursery, and during his fourth year Martin made great struggles to adjust himself to this rival's presence. He became more demanding and had temper tantrums when he felt unable to compete, or he uttered exaggerated boasts about his strength while avoiding competition in reality. He finally solved the situation by identification with the rival, referring to him as "my twin" and demanding for him the same satisfaction as he himself expected.

Martin passed through a phase of pronounced exhibitionism and continuous boasting about the size of his "Willie." When told on one occasion that he had good reason to be proud and that there was no need to reassure himself by keeping his "Willie" outside his trousers, he re-

3. See D. Burlingham and A. Freud, *op. cit.*

plied in the manner so typical of him: "It isn't me who takes him out, it's he who is such a nosey fellow, and always wants to see what is going on," forestalling in this way any criticism that might have been implied in the remark. During the same period his castration anxiety was intense and found direct expression in many ways, for example, one evening he had an erection in his bath and called his substitute mother in a panic, shouting "My Willie is coming off, come quickly."

The mother continued to stimulate him physically, as she had done in his babyhood. She made a habit of taking him to her home for week ends, where he usually shared her bed. It was obvious that she derived a great deal of satisfaction from this close physical contact with him and that, in her refusal to have any sexual relationship with another man after Martin's father, she used the child as an outlet for her sexual feelings.

As Martin approached the latency period it became more and more apparent that certain essential features of normal development had failed to become established, and there were many reasons to foresee an unfavorable character formation. Our attempts to influence the mother had been unsuccessful. The educational influence of the Nursery staff and the opportunities provided in the Nursery setting for the development of sublimations in certain important directions had produced only superficial results. The tendency to evade demands persisted in his refusal to attend nursery school and was followed by truancy from school and failure to learn to read and write.

Observations After Leaving the Nursery

When the war came to an end and the Nurseries were closed, Martin and his mother found it very difficult to part from what had been their home. Martin now had to attend the nearest elementary school in his district, and as this happened to be an old-fashioned, rigid school which tried to impose discipline by punishment, Martin played truant, roamed the streets and became very aggressive toward his mother. He developed an eating disturbance during this period which gave his mother great anxiety. As there seemed to be a great danger of a delinquent development, it was decided that Martin and his mother should go to live in a progressive school where, as in the Nursery, she could work and he could take part in school activities.

After this change his behavior improved and his anxiety decreased before very long, but it very soon became apparent, as time went on, that Martin was unable to learn. At the age of nine he did not know any letters, was very poor in sums and although he had made a good be-

ginning at handwork and games, he soon gave up all efforts when the task became too difficult for him.

The mother continued to let Martin sleep in her room although she was repeatedly made aware of the unfavorable influence the sleeping arrangements were having on him, and despite the fact that the school provided opportunity for him to share a room with other boys.

At this point it was decided to arrange for Martin to have psychoanalytic treatment.

II. TREATMENT

Martin began his psychoanalytic treatment at the age of nine and a half years. He is now a sturdy, handsome boy, with a shock of unruly blond hair. He speaks in a soft, slow voice and at times there is a delay, almost like thought blocking, in his answers, or he often seems to go into a daydream, leaving a sentence in midair.

He quickly understood the purpose of the treatment and admitted that he could not learn at school because he spent all his time daydreaming. He was ready to tell these daydreams, but said: "There are so many, it will take a whole year."

Martin showed at once how fully absorbed he was by his relationship to his mother. The following example will illustrate how the pattern, established in his early years, has continued unchanged. He came one day very depressed and worried because his mother had threatened to kill herself by throwing herself under a bus.

He elaborated fantasies of his mother being in hospital for two years with broken legs and himself having to push her in a wheel chair. He blamed himself for her desperation, because he could not read and was so naughty. He played sadistic games where the animals fought each other, biting and tasting each other's tails, or seizing and holding each other down with the mouth. A crocodile made a great bite in a mouse's tail and whirled it round and round until it was dizzy. Finally all the animals were wounded and they had to spend years in the hospital. Then Martin made all the animals kiss each other on the mouth and be friends again.

The next day he arrived saying: "Instead of finding a dead mother, I had sweets and ice cream and went to the pictures with her."

His first games soon developed into a picture of tremendous defenses maintained by a pose of superhuman strength, magic powers and a desperate denial and reversal of his fears. He would line up a colossal barricade of toys, while the therapist was allowed only a baby lamb or a milkmaid on her side. He was watchful and suspicious of

every move her animals made and would pounce upon and squash them if they came on friendly visits. He did not lose his mistrust and suspicion of her until she played again and again the role he demanded, which was that she should be a wholly admiring and adoring mother who "thinks her boy is marvelous" and who gives his exhibitions unqualified praise and admiration.

The beginning of Martin's analysis was made very difficult through three other features, whose interpretation he strongly resisted. First, he showed from the outset the force and stubbornness with which he sought to create a sadomasochistic relationship; he greatly enjoyed bargaining and attempting to provoke and bully the therapist into doing what he wanted, or tantalizing her in verbal play in which he always stopped at a significant point and mockingly refused to continue: "*That I won't tell you*" or "*That I'll tell you next time.*" Secondly, he also very cleverly used every opportunity to play off one adult against another, just as he had done throughout his years in the Nursery. Thirdly, his confusion between pretense and reality was so great that considerable time was necessary to make him aware of it. His acting and living in a world of pretense had worried his educators in his early years. The analysis now showed the degree to which he was dominated by these tendencies. The therapist appeared to be dangerous to Martin because she allowed him to express his wildest fantasies; and he was afraid he could do anything in her room, for example, kill her. "You might say," he said, "or I might *pretend* you had said, that I should kill you—and I might do it before I knew I had been pretending you said I should." He was afraid also that she would control his behavior and *not* let him do things, or by magic power she would make him into a robot, who could not speak or walk.

Martin's reaction to transference interpretations was always to try to charm and cajole the therapist, in the greatest good humor, just as in his earlier years he used to make his mother and the Nursery staff laugh when they tried to win his co-operation. When these attempts failed, he reacted with what can only be described as a deluge of chaotic fantasies which he dictated in the form of about sixty wild adventure stories. By this deluge any picture of the realities of his daily life was completely covered. This outpouring of unconscious material, the content of which could be understood and interpreted only at a later stage, brought him much relief. His fear of the analyst was interpreted and positive transference feelings came into the foreground. The unusual richness of his fantasy productions contrasted sharply with the marked paucity of verbalized fantasy in Martin's infancy.

Three important themes from the material of the first year of

Martin's treatment have been selected to illustrate the fate of developmental trends observed earlier in his childhood. These themes were (1) the oral theme; (2) the father theme; and (3) the inhibition of looking, knowing and learning.

(1) *The Oral Theme.* In Martin's earliest animal games, the mouth played the leading role. Friendship, forgiveness, reconciliation of enemies, reunion with lost ones, were all expressed by kissing on the mouth. This occurred between animals, between men and animals, and between man and boy. The mouth was likewise the chief organ of attack and destruction and the animals bit and chewed, tasted, snapped and clutched at each other, or mauled and held each other down with the mouth. As treatment progressed fantasies of oral incorporation and destruction appeared in great profusion, expressed by drawings, vocal play and action. The following are typical of the many examples of this type of fantasy.

Martin drew a great bus, with many people in it, and a great fat man covering four seats. Another great fat man is on top of the bus; he reaches with his giant hand for the people sitting upstairs and eats them: "You can see them going up his arm through the fingers and into the tummy, or into his mouth and down." The giant is drawn spotted, and each spot stands for 3000 men he has eaten—his tummy is bursting full, but he eats those downstairs too.

He drew a "sea enemy" which "is bigger than a house." It has great tentacles and sucks into itself houses, men and women. The people struggle and fight but get trapped and swallowed and come out dead by the big hole at the bottom.

Martin also revealed in a series of fantastic drawings his equation of the mouth and a vagina dentata. This was represented by a spiked starfish, giant's teeth or a crocodile savagely devouring snakes. The excessive oral stimulation and physical contact with his mother which Martin had experienced throughout and beyond the oedipal phase has led to fantasies of her as a sadistic, phallic mother, and any heterosexual fantasies about her can only be fraught with danger for his masculinity.

(2) *The Father Theme.* Martin showed his fantasies about his absent father, his feelings concerning the mystery surrounding him, and his profound longing for his return, in a series of stories dealing with dead men, corpses, secrets and a long-lost treasure.

His father came back in the guise of a soldier and was joyfully welcomed. He came back to an old ruined farm which he made prosperous and thriving again. In the old farm house were thousands and thousands of dead men piled up in the attic, and all who came to search for the house's secrets were terrified and fled from the ghostly "No-o-o-o-body kno-o-ows!"

The following example is chosen from this series to illustrate the horror and elaboration of Martin's fantasies:

"In exploring the old house the discoverers had to use gas masks against a fierce bright light which stung their eyes to tears. They found gold and diamonds and jewels and £50,000 on a silk cloth under each corpse. When the rows of dead men were struck on the head, jewels came out, not blood, but diamonds and gold stuffed in their heads and bodies. These men had died while trying to find the secret of the house—the house had 'doomed' them. It was a magic house which got its own back on the invaders by flying away—the house and all the land it was on, the secret tunnels, dead men and jewels all went flying up in the air. The house warned the people inside to give up the search or it would dash itself and them to pieces. But the explorers attack, and see a great face flying in the air, big as a block of flats, a face like the ugliest man in the world. They shoot him in the eye and he falls dead. But the house continued flying and threatening and dares them to sleep or remain there overnight. They ignore this and in the night the house makes a magic man, but they capture and shoot him. Then they get the idea and with great trouble burn the house and what do they find? The house is a giant's head—they have been walking about and exploring for treasure in a giant's skull—or the inside of a big man's mouth."

Later stories showed that Martin's wish for his father's return was highly ambivalent, expressing Martin's oedipal jealousy, and his fears about having to share his mother with a father rival.

The father returns, but he is both extremely aged and in some way impotent (i.e., he is a prisoner who has to be rescued, or is confined by a magic spell which he cannot break) and as soon as he establishes his identity, he immediately dies or is killed.

The next development of the father theme showed Martin's identification of his father with God, and the link between his deeply hidden torment about his father's fate and his learning inhibition. Because he must not know the secret or understand the confusion about his father, he cannot know anything at all and completely fails to learn. He expressed his doubts and confusion about his father's death in the following fragment. Martin invented a village in Germany called "God," and here his favorite and invulnerable hero, Sailor Jim, met with many strange adventures. These reached a climax in a story which Martin concluded with tremendous speed and wealth of detail as follows:

"Now Sailor Jim had a father—he was eight million thousand centuries old, and has just died today—No! he did not die, he was killed by somebody—we don't know who. They made a monument [Martin made a plasticine replica of Nelson's Column in Trafalgar Square] and put Sailor Jim's dead father on

top. An ape-man who was 7000 years old [and had once been an ape but now grew to be so like a man that they let him out of the Zoo], the ape came and bowed to the monument and gave Sailor Jim messages from the father and told him there was a secret treasure under the old inn [God's Inn]. Sailor Jim put his soldiers on guard over the tomb, but the ape-man came out of a haunted house, eluded the guards and smashed up the statue and all the fence around it. No one heard him and in the morning Sailor Jim came and saw the damage and wept!"

"Who buried my father? Nobody knows!"

"Who killed my father? Nobody knows!"

"Who took him to his grave? Nobody knows!"

"Who buried him? Nobody knows!"

"He may still be alive."

"Sailor Jim hears voices which have come to haunt him and he sends his soldiers everywhere shouting these questions, but every night the ape comes and smashes the tomb again. After many fights with the ape, Sailor Jim sees the tomb completely smashed by a madman, and out comes a big fat man. Sailor Jim runs and hugs and kisses him calling 'Father, Father.' The old man says he is 'only going to live for another 50,000 centuries' and goes off to live in God's Inn."

After Martin's fears and doubts about his father's existence or death had been discussed with him, the father theme developed in two new directions. First Martin related adventure stories about heroic Sailor Jim and his great friendship with wild animals.

"A very strong lion" for example is Sailor Jim's "one and only friend" who accompanies him on all his travels in the jungle, and several times when they are separated or the lion is lost, there always follows a joyful and lingering reunion over which Martin was several times very near to tears. There was also a crocodile, who calls "Hello! Hello!" when Sailor Jim comes and they lick and kiss each other, because it is Sailor Jim's favorite crocodile.

It is clear that the wild animals (especially the lion) whom Sailor Jim has conciliated and whose ferocity is converted into special friendship, represent Martin's fantasy father whom he has invented in his struggle to overcome his depression, and the helpless confusion related to his father's absence and the mystery about him. His identification in fantasy with the powerful friendly animals indicates his attempt to create in imagination the father he has never known and by this means to borrow his strength, as well as to deny all castration dangers. In his reunion with the lion, Martin makes Sailor Jim act as if he had been punished and is now forgiven by his absent father.

Martin next told a story in which a crocodile ate a man all up, all

except his little finger which survives, floats on the river and multiplies into five fingers which crawl up the bank and escape. This story opened the way for further interpretation of his castration fear which markedly decreased his anxiety. Martin now allowed himself many fantasies and speculations about his mother's sexual life and the role his father must have played. He apparently had imagined that all the children in the Nursery were really his own brothers and sisters, and that his mother and father were really the parents of all the many colored people and natives in his stories, "who had been there ever since creation." Martin had totally lacked any opportunity for real observation of his parents together, but had made his observations upon courting couples in the park and now imagined episodes in which his therapist slept in a tent on Hampstead Heath.

The second new aspect of the father theme developed in a long series of fantasies of rivalry between two men in which fights went on ruthlessly and interminably, and could never end because neither was allowed to win and the rivals fell dead simultaneously. When surprise was expressed at this invariable outcome and a query raised why it was impossible for either man to be allowed to win, Martin changed the form of his fantasy and acted out protracted struggles between a large and a small animal laced together by elastic bands in a tug-of-war which see-sawed across the table. After a heroic fight the baby lamb would succeed in pulling over the big horse, or the chickens would pull over the wild bull and lion. In many similar fantasies Martin expressed his intense rivalry with his father for his mother, and his struggle against any man who came near her. He would not allow himself to win these battles, but neither would he allow the father rival to win, and the ensuing deadlock could only end in the death of both.

Martin also showed extreme degrees of jealousy and suspicion of his mother's activities, even going so far as to call upon the therapist late at night to check up on whether his mother had really visited her that evening.

Martin now began to express his thoughts about his mother's genitals and his ideas of a dangerous vagina dentata. His fantasies resembled the myth of the Medusa's head, the sight of which turned men to stone. His fears concerned a hidden penis (possibly the father's penis) which he believed to be in the woman's body and which would damage the man's penis when it entered her. To avoid these fantasy dangers he developed a hermaphrodite fantasy in which he was able to impregnate himself, like a terrible giant whom he drew with eleven large "Willies" from which he could sip lemonade whenever he wished. Martin stoutly asserted that there were women who had breasts *and* penises and quoted

scientific books he had seen with pictures of hermaphrodites in them. According to his theory of how he was born, he was both his mother's husband and his own father. "I just went to my mother and said 'Can we be married?' and she said 'Yes' "; so Martin and his mother had the baby Martin. He insisted he *was* her husband, and he dramatized pushing and shoving to get out of the womb.

Martin told the therapist that he had no secrets from her now, and he volunteered to tell all he really knew about his father. First his mother had told him that his father was a "no-good Army bloke who was shot." Later she told him this was all a lie and she would tell him the truth when he was old enough. The therapist now asked if he did not think it would be better if he were told now. Martin answered very quickly "Yes—now," and asked her to discuss the matter with his mother. He was dejected at home and told his mother "It's no good, Mum, the truth must come out, or Miss B. will guess it." Then in a very difficult and emotional interview, the mother told the therapist the whole story of Martin's father. She agreed that, with the help of the therapist, Martin should now be told the truth during treatment and they discussed the best way of doing so. It was decided that the therapist should tell Martin that his mother was now willing to answer the most important questions that he wanted to know about his father.

The next day Martin came in a totally changed mood, very gay and affectionate and enormously relieved. He indicated the telling of secrets by drawing three men blowing great trumpets, but did not yet want to tell anything he had learned.

In the following interviews he showed a marked change and considerably increased activity. Although not yet able to draw freely he traced innumerable streamlined cars and aeroplanes, a horse's head and a large gun. These were in marked contrast to his first infantile scribbles and drawings of bodies with only heads and legs.

The exploration and working through of the father theme resulted in a sudden spurt in Martin's masculine development. He has become decidedly more boyish and mature in manner and appearance. At school he has been made captain of his hockey team; he recently won the school's Junior Wrestling Championship; and he has learned to ride a bicycle with skill. He said he never liked coming so much as since he started to draw cars "and I come early now, because I can come fast in light shoes."

(3) *The Inhibition of Looking, Knowing and Learning.* The third theme has been selected to show Martin's scotophobia which, together with his oral aggressive fantasies and the taboo on knowing about his origin, resulted in his severe learning inhibition. This

theme is richly interwoven with the fantasies about the father secret, and the first signs of freeing him from his inhibitions coincided exactly with his learning the truth about his father. Looking and being looked at played an important part in the treatment from the beginning. He told his mother that it was no good coming to see the therapist because "What good can it do just sitting there and looking at each other?" At this time he always gazed a long time into the therapist's eyes. One day he burst out with agitation: "Don't look into my eyes like that." When the projection was explained and his persistent looking into her eyes pointed out, Martin began to play frequent eyeing games, and made magic gestures with his eyes and hands. He brought a torch and played it upon the therapist's face in the day in such a way that he could look at her unseen since the glare prevented her from seeing him. He would put the torch close to her eyes and dance about behind it calling: "Can you see me? Can you see me now?" At other times he played ghost games with the torch, putting it below his chin, staring and calling in a low, moaning voice "No eyes—no eyes!"

At this time Martin could not read at all and could write only his first name and the letter *B*. He now made a pair of huge, solid spectacles, like horse's blinkers and held them over his eyes. He showed that he understood that the purpose of treatment was to remove the obstacles between him and learning, since "not allowed to know" really meant "unable to see, understand, being blind and therefore unable to learn." When this was verbalized, he became obstinate and depressed and said he doubted whether he would ever be able to read. After he had gone, however, the therapist discovered that, under cover of the table, he had gouged holes through both sides of the blind spectacles.

Martin's various sexual observations in parks and in his mother's bedroom were discussed, and he demonstrated how his clandestine peeping had occurred. For example, he peeped at the therapist from behind a sheet of paper, or hid all of himself, except one eye, behind a door and peeped at her.

After a period of exhibitionism which expressed his need for reassurance about his masculinity, Martin showed his sadistic conception of intercourse in which people kicked each other in the mouth. When this was discussed he began to express fantasies about a terrible Medusa and the dangers of looking at her. He drew strange prehistoric creatures which looked harmless but were really dangerous and had hundreds of snakes concealed in their feathers. Several times he said: "See you next time but only on television," indicating that direct looking was too dangerous for him. He related a story about a lovely young man with blue eyes who was turned into a fat creature with twenty-five arms and

no eyes. He had only little dots instead and "was really looking all the time but he could not see with his little dots."

Martin warned the therapist that if he went on coming to see her ". . . we will come to the Ice Age—all the ice will come tumbling down and you will be so frightened you will run away!" When this was interpreted as his own fear, Martin announced: "So you mean my brains will grow? I'll be a boy! I'll help lots of people and do good in the world!" He said he wanted to publish a book and asked the therapist to help him. His ambition was also to be an actor, and he explained that an actor could arrange his life so that he was never alone—on the stage or backstage he could always have people laughing and liking him because he was such a gay, funny fellow. It was pointed out that he actually was never really able to *stop* acting or pretending; he had to clown and make jokes all the time, although one knew that he was sometimes very lonely and unhappy.

This interpretation was followed by a new flood of material showing his fantasies attached to numerals, as for example, 2 was a man praying; 7 was a crutch or walking stick; 3 was an acrobat lying on his back and holding another man on his hands; and 4 represented cross-roads. Double digits represented combinations of images, such as 21 which meant "A man kneeling down praying to his god; a very thin priest stands behind him saying 'Shall I kill him now?' but he cannot kill him while he keeps praying"; or 8, "Here are two cages and there is a bull in each and they are chasing each other fiercely in a never-ending race."

The vivid fantasies condensed in the meaning which Martin attached to the numerals 1 to 100 were examined in detail, and two important new themes emerged in this material. One of these concerned fantasies of homosexual attack, and another contained the repetitive idea of "a clown pretending to pray." This latter image sums up the essential features of Martin's inner emotional situation and shows the combination of the mechanisms of clowning and pretense which were Martin's characteristic ways of dealing with his underlying depression and his fear of masculinity.

He also gave the meaning of the important letter *A*, which he saw as a pair of men's trousers through which he could look with X-ray eyes to the bones of the legs and feet and toes. He did not, however, "see" the male genital through the trousers and was unable to draw the cross bar on the *A*. He began to allow himself to look at the shape of animals which he traced from picture books with great concentration, and he showed with pride that he could read one word "Zoo." The removal of the inhibition on looking was now indicated in drawings of a car with

giant headlights on the front and rear which were blazing in the surrounding dark, and searchlights on all sides, so that he could see attackers coming and "see all there is to see in the landscape."

Outcome of the First Stage of Treatment

Martin's treatment, as far as it has gone, has led to certain personality changes, in fact, to a marked change of mood and to increased activity. When the treatment began he was dominated by anxiety, suspicion, worry and depression. He covered these feelings by defenses of denial, reversal, exaggeration by number, clowning and a defensive use of humor. He has now become light-hearted, happy and busy, with a more genuine masculine development, and a very much improved relationship with his mother and teachers. He is outstandingly successful in sports, and has begun to make use of his intelligence in competition with other boys in drawing and parlor games. The discussion of the meaning of numerals was followed by Martin's first definite wish to learn and his present sustained efforts in looking at details, e.g., of cars, planes, guns and horses. This can be taken to indicate that there is now a basis upon which systematic learning can soon be built.

CONCLUSIONS

The attempt to relate findings from psychoanalytic treatment to early observation in this case has brought a number of interesting points to light. It has, in effect, been possible to isolate and examine the fate, in later life, of some of the trends observed in Martin's early childhood during his residence in a wartime nursery.

(1) Observation of boys who have grown up without a father have shown that they tend to create in imagination fantastically good and bad father figures. The fact that reality testing is impossible for them is a danger for their normal development. Normal masculine development is made very difficult for them by having no rival and therefore no object for identification. This is especially true in those cases where the mother has a hostile attitude to men. The friendly wild animals of Martin's fantasy show us how he created a father image, the positive aspect of which was a strong, protective and benevolent figure for whom he was an object of special tenderness and care. The negative aspect was evident in fantasies of a punitive and destructive father, e.g., in such images as that of a fierce giant who ate people.

(2) The nature of his relationship to his mother, together with his homosexual fears and wishes about the fantasied return of the father, help us to understand the intensity of Martin's castration anxiety. The

pattern of this relationship was established in the oral phase and was later carried over into an unconscious and mutual fantasy of being her husband. The near-realization of oedipal wishes made it essential to erect an incest barrier of special strength, and at the same time heightened the fear of his father's wrath and retaliation, should he reappear.

(3) In examining the records of his early years, it is striking how few of Martin's profuse fantasies were expressed either verbally or otherwise. The nature of his defenses seems to have made it more difficult than in the case of the other fatherless children in the Nursery, to get insight into the fantasy life behind his placidity, laziness, clowning and good humor. The mother's personality, coupled with the fact that he spent the week ends and other free time with her, away from the Nursery, further contributed to the difficulty of giving him more help through educational means. These two factors together, for example, have made it impossible to prevent Martin's looking and learning inhibition.

(4) The predominance of the oral theme in Martin's material confirms our knowledge of the part played by sudden weaning and later oral overgratification in the development of a fixation on the oral level. He retained many personality characteristics of the oral phase, e.g., his greed, demandingness, overdependence and inability to wait for satisfactions. Moreover, the disturbance in the oral phase in Martin's development has been responsible for his difficulties in introjection and identification. In the nursery situation only the libidinal aspects of his oral tendencies were observable, whereas the oral sadism which played such an important part throughout his fantasy life remained hidden. His early exaggerated pleasures in eating (filling himself with good things) and in prolonged kissing with his mother, may have served as defenses against his early oral-destructive fears and fantasies. This appears to have been the primary conflict behind his inability to incorporate. As far as the material has revealed at present, it seems highly probable that the elements that were involved in his difficulties on the oral level have contributed to his later failures in identification and his inability to take in through the eyes—an inability which formed the basis for his specific learning inhibition.

(5) A child who has gone through the traumatic experience of sudden weaning coinciding with separation from his mother in his first year, is disposed to react to later frustrations with excessive anxiety. The picture which Martin presents, of a child who is reluctant to give up the pleasure principle and consequently to change his behavior for the sake of his love objects, can be understood as the outcome of his inability to bear painful tension or to master anxiety.

(6) The danger of a delinquent character formation seemed to the observers to have been present from Martin's earliest years. The absence of a father, the interruption in the mother-child relationship and the inconsistency of the mother's handling, were conditions unfavorable to normal character formation. In addition, the combination of a poor ego endowment and barely average intelligence, together with strong instinctual urges, was considered to form the basis for an unfavorable prognosis. There were, however, certain early manifestations of delinquency, such as Martin's evasion of educational measures, his truancy from school and minor thefts from his mother. At the age of six to seven years overt delinquent trends were unmistakably present in his roaming the shops and streets while truanting. Martin, however, has not become a delinquent child and there are several factors which may account for this. His relationship to his mother, although interrupted in the first half year, has not been broken and she has always been basically a good and satisfying mother. This early relationship has made it possible for him to form strong and lasting attachments to other adults who have greatly influenced his character development. Martin's superego, for example, seems to have become effective through the influence of the Nursery, where educational methods favored toleration and a very slow modification of instinctual urges. The special methods of the Nursery, the relationship with his substitute mother and the influence of the group, all played their part in this process. They opened for him ways of meeting desirable standards without arousing excessive fear and guilt.

(7) It has been found that in spite of close contact and a strong relationship extending over a long period, the educational setting could not influence, as favorably as we would have hoped, certain important trends of which we had long been aware in Martin's early development. Factors responsible for this seem to have been: (a) the severe traumatic experiences which took place within his first year before Martin came to the Nursery (rapid weaning at four months, separation from his mother and frustration in a foster home at four to sixteen months); (b) the fact that the mother, while maintaining a friendly relationship with the Nursery staff, remained reticent about herself and consequently could not be influenced more than superficially in her handling of the boy; (c) the nature of Martin's defenses and his "pretense" and clowning behavior have blurred the picture of his fantasies and his fundamental depression. In a later contribution, after the completion of Martin's analysis, it is hoped that the writers will be able to present further information about the fate of behavior trends observed in his early life.

Cases in which long-term, direct observation can be combined with analytic material open up possibilities for detailed study of important

psychological and educational problems. Questions concerning the nature and extent of damage done by early separation, the conditions likely to counteract it, and the scope of remedial education in such cases can be investigated in this way.

ENLIGHTENMENT AND CONFUSION

By SELMA FRAIBERG (Detroit)

In 1937 in his paper "Analysis Terminable and Interminable" Freud remarked incidentally about the effects of enlightenment on the sexual theories of children:

I am far from maintaining that this [enlightenment] is a harmful or unnecessary thing to do, but it is clear that the prophylactic effect of this liberal measure has been vastly over-estimated. After such enlightenment the children know something that they did not know before but they make no use of the new knowledge imparted to them. We come to the conclusion that they are by no means ready to sacrifice those sexual theories which may be said to be a natural growth and which they have constructed in harmony with and in dependence on their undeveloped libidinal organization—theories about the part played by the stork, about the nature of sexual intercourse and about the ways in which children are born. For a long time after they have been enlightened on these subjects they behave like primitive races who have had Christianity thrust upon them and continue in secret to worship their old idols (6, p. 336).

It is a common experience in analytic treatment of children to see how the child makes use of the enlightenment which his parents have painstakingly prepared for him. Almost all of our child patients come to us with a fund of knowledge at their disposal, a vocabulary of "eggs," "seed," "fertilization," and scientific terms for parts of the body. Frequently the modern parent responds to the child's first questions with a full and prepared account of the process from conception to birth. Often, too, the parent brings out a book which has been bought and saved against this day and the child is invited to listen to a story about how babies are made.

Yet we are impressed to find that such children who "know everything" will, in the course of their treatment, bring out bizarre and distorted ideas of procreation which are no less strange than those of our less sophisticated patients, but with the added complication that these theories of the "educated" child are often more obscure. The analogies of animals, birds, fish, and humans, which the parents and books have painstakingly drawn, may give rise to startling deductions on the child's part. The illustrations in the books of "egg," "seed,"

umbilical cords, etc., have a way of surviving in the child's memory with surprising clarity, and of fusing with older and archaic images which the child has never surrendered.

From time to time in my work with children I have been interested to see the way in which children have employed the new ideas acquired in their sexual enlightenment to support or reinforce the older infantile theories, in spite of the great contradictions which existed between the old and the new. Some detail from the book or the parental explanation is singled out, remembered, and imposed upon the infantile beliefs. The infantile theory is now supported in the child's mind by his belief that he "got it" from the book or "my mother told me so."

Often the child will defend himself against our exploring questions by flatly stating that he "knows all about it." Sometimes he will recite by rote the entire story from "the sperm meets the egg" to "the special passageway where the baby comes out." We can find nothing to contradict in his brilliant and accurate exposition, yet we are left with the unmistakable impression that his statement of beliefs overlays a mass of confused and distorted images. As treatment progresses these come to light in striking ways. We find that "the sperm meets the egg" in novel and unexpected ways. The "special passageway" is not so "special" after all and is located in approximately the same place that the child imagined before he received his enlightenment!

The material which is presented in these pages is an inquiry into the fate of sexual education in certain cases of children. I have chosen five cases in which the failure of the enlightenment can be evaluated and studied in the light of the child's neurosis. In each case motives come to light which make it necessary for the child to hold on to his infantile theories. In four cases the child manufactured a new theory from his enlightenment which sustained his own beliefs at the same time that it claimed validity from a qualified source.

The first case, which I should like to cite, concerns a rare theory of conception which was derived, we find, from an illustration in a book on sex education designed for children.

Tony is six. He is in treatment because of his severe behavior problems. His sadistic attacks on other children have caused him to be ostracized in his neighborhood. His dreams and fantasies are filled with ideas of murder and of being murdered. In the tenth month of treatment he brings to the foreground his ideas of a sadistic relationship between men and women in which the man is damaged. Now he also begins a rapid-fire type of questioning of the therapist, questions on geography, history, science. The questions become more specific and lead, as might be expected, into the problem of origins. He answers my exploratory ques-

tions by saying, "I came from my mother. And my father had to help. He had to fertilize the seed." I ask him what he means by this. He becomes serious and says, "*That's* what I don't know. That's the big mystery question!" I encourage him to give me his ideas on this. "Well, he has a seed or sperm inside." And how does it get out? "I think from the belly button." Is he sure? "I think so. . . . Oh! I think the sperm is in the penis." (Now he is pleased with himself.) "And how does it get to the mother's seed?" Tony (gloomily): "There's only one way. I don't want to say it." Would he try to? "They . . . they cut it open (the penis). Just like they cut open the mother to get the baby out." "They do?" "Yes. 'Cause there's no other place for the sperm to come out." "Are you sure?" "Well, I'm pretty sure, but I'll look tonight." And now he hastily drops the subject.

Later I ask Tony why he is so sure that a daddy has to be cut open to get the sperm out. Tony: "Don't ask me all those mystery questions or I'll have bad dreams!" "Like what?" "Like . . . like murder dreams." I tell him that if we solve the mystery questions we will one day get rid of the bad dreams for good. Encouraged by my promise, Tony goes on. "They have to cut the Daddy's penis open," he explains, "'cause the sperm is too big." "How big is it?" I ask. "This big!" he shows me. "*As big as a marble!* Then it meets the mother's seed and it gets to be a baby. . . . Then they cut her open." "Are you sure?" "Yes, my mother told me!" (I established that she had not.) He shows the greatest resistance to further discussion at this point. He firmly and noisily upholds his own theories.

We do not return to the subject for two interviews. Then an interesting interlude occurs. In a club, where he is the only Jewish boy among seven Christians, he engages in an exhibitionistic act. For some time he has been reluctant to go swimming with the boys and I suspected that this was because he was circumcized. He had formed a friendship with another boy in the group who, I learned later from his therapist, was also circumcized. Tony invited his friend, Jimmy, to engage in a stealing prank and then suggested that they both go to the club leader "and show her our pee-wees."

Following this episode we begin to solve "the mystery question." Tony returns to the subject of pee-wees and sperms. He has figured out that little boys do not have sperm because their pee-wees are too small and the sperm could not come out of such a little pee-wee. I ask him again how big the sperm is. Again he says, "About as big as a marble." I express my puzzlement. He is insistent. "*I saw it in a book. It was a picture!*" I ask now if he will draw this picture for me, which he did. Now we understand. It was a drawing of the sperm as seen through a high-powered microscopic lens! It was one of the illustrations in his book dealing with the sexual questions of children.

We are interested in the way in which Tony "saw" this illustration. I learned through further questioning that he had understood that this was the way the sperm looked under a microscope. He was an intelligent six-year-old who knew that a microscope enlarges. And the book which his mother read to him had clearly stated that sperm were invisible to the naked eye, "too small to see." He had misconstrued be-

cause he had a theory, antedating the book's theory, which could not yield to the new idea. I might fill in a few of the details here.

We know that he had a sadistic theory of coitus. He believed that the man was damaged, destroyed (as in the murder dreams he told me). But is there something even more specific? I asked him why they "cut open the father's penis" to get the sperm out. Before this I had encountered his preoccupation with circumcision in many different forms. The idea of an operation on the penis had such reality for him that I suspected a connection here. From the mother I learned that Tony had been present during his baby brother's circumcision. Tony was then three.

We see, then, how the ideas of "operation on the penis," "the mother and father do something together and the father gets hurt," and "how babies are made," are fused in Tony's mind. When the enlightenment is received he chooses a single detail which fits into his own system of ideas and distorts the new information so that it reinforces the old beliefs.

In the case of another patient, a four-year-old boy, a story of animal procreation in a book read to the child by his mother "in answer to his questions," produced a singular train of thought which I shall report here.

Allen is exceptionally intelligent for his four years. He is in treatment for a behavior disorder of unusual severity. During the first months of treatment I was impressed by his intense preoccupation with and fantasies about the activity of his parents in bed. One of his ideas was that his parents "chop off their heads and make a baby." He plays endless games with the little trucks and trailers in which they hitch at night "and make so much noise they wake me up." We do not handle this material directly at this time. Rather our work in the beginning months centers around his own anxieties and fears regarding his body, his belief that a little boy could be "broken," that something could be stolen from him, etc. From time to time in the beginning weeks he voices tentative questions about babies, then grows giggly and evasive when I invite his ideas on the subject.

At the beginning of the third month of treatment, Allen asks his mother a simple question about the origins of babies. Unfortunately I cannot recall the specific question but I had the impression that it was one to which he already knew the answer. His mother, who was pleased to feel that her son at last was confiding in her, brought out a book which she had used in the sex instruction of Allen's older sister and read it to him. According to the mother, Allen was very impressed. He listened attentively, asked few questions, but occasionally asked to have a passage or a chapter reread in a real effort to "master" the information. The book, I should say was much too advanced even for this precocious four-year-old. I was not familiar with it but when I read it later, I was interested to see that it dealt with coitus through analogy with animals, discussed

the problem of menstruation, and in other ways presented material which could only be confusing to this four-year-old mind.

Allen did not tell me about the book and the enlightenment for some weeks afterward. But it was around this time that a renewal and a strengthening of many of the old problems occurred. The temper tantrums increased and his aggressive and destructive behavior at home reached new heights. The parents often were completely unable to influence him. At the same time the analytic material became diffuse. The games with the trucks and the little cars, the plays about the burglar who comes at night, had now come to an end. This usually inventive child often could think of "nothing to do" when he was with me. He would start several games in which favorite toys like the trucks were to be used and then a moment later would abandon them.

It is difficult to assign a single factor as the cause of these events. As always in children's work we cannot be certain of the influence of environmental factors in bringing about such a period of acting. Thus by her own admission his mother had felt more aggressive toward Allen at this time. A beloved nursery school teacher had left the school and Allen missed her very much. He may also have been reacting to material which had come up in the analysis in connection with his masturbation. But in addition to these possible contributing factors the later material points with some certainty to the role of the book and his enlightenment in this chain of events.

We obtain occasional clues during this period of treatment. Once he plays a game in which a baby doll is put into a tiny chest of drawers, which is "like an oven for firing something like clay," and "gets all burned up." There seems to be an idea here that a baby could be destroyed inside the mother. Then from time to time, I notice his intense jealousy of other children who come to see me. He tries to tear down their pictures, destroy their handwork. He admits that he does not want any other children to come to see me. He insists, giggling, that I have a baby inside me. His mother has a baby inside her, too. He seems to think, and I suggest that he may be thinking that all women have babies inside of them at all times. He says yes. When I assure him this is not so he looks puzzled but will not continue the discussion.

One day he discusses current events with me. He confides, "I'm glad that the war is 16 miles away! People are getting killed where the war is. . . . I'd like to go to Egypt 'cause all the bad kings and queens are dead now. I know all about Egypt 'cause I heard about it on our Passover record. . . . *The bad king made the mothers kill their babies!*" There is some discussion of this. He agrees with me, although with some worry, that no mother would do such a thing.

Then one day, near the end of this long cycle he plays another game in which he hides the baby doll in a toy clothes hamper. We play this hiding game together. This leads into a discussion of where a real baby comes from. He answers promptly: "From the mother's tummy." He "can't remember" where the baby comes out. "I *know* this isn't right," he says. "I think it's the head but I know it isn't right. I knew but I forgot. I've got a book and it tells all about that. . . . *Did you know that some fathers eat up the eggs so no babies will come? It said so in my book!*"

And here we obtained our clue to Allen's preoccupation with the subjects of "babies getting all burned up inside the 'oven,'" the command to the Hebrew mothers to murder their babies, the fate of all the babies that might be inside his mother. I learned from his mother that the book mentioned the fact that although fish lay millions of eggs, few of these will ever become baby fish because the *father or other animals eat them up!*

We are interested in the fact that two months after Allen has had the book read to him, all the facts regarding procreation seem to have flown out of the window, including the very important fact of "how the baby gets out," which the book explained. He cannot remember the explanation, he can only think that the baby comes out of the head, though he says he knows that is not right. Thus it is the infantile theory which triumphs. All that remains of the book is the fate of the *fish eggs which are not fertilized!* The father eats the eggs.

Now we wonder why this is. From the earlier analytic material we recall his preoccupation with the activities of his parents in bed. He conceived of a sadistic act of procreation. "They chop off their heads and make a baby." At the same time, we recall his own fears of castration. The information which he obtained at this time when his mother read him the book was partially mastered intellectually, then almost entirely lost. All that remained was the memory of a sadistic act, the father's eating of the eggs. That he also attributed such murderous impulses to the mother is evident from our material. Since his fantasies at the time also dealt with the possibility of destructive or cannibalistic acts against his own person, we may assume that he transferred these ideas to his theories of procreation and to the fate of unborn babies. It should also be said that both Allen and his sister feared their mother's aggression, an oral aggression which sometimes took the form of shrillness and scoldings. (His sister, at the age of eight, had once said to me, "Of course nobody would eat up a child. . . . And anyway, . . . children wouldn't taste so good—would they?")

In books on sex education for children certain stereotyped phrases are employed for the process of conception. "The Daddy plants a seed in the mother. . . ." is a phrase which many children have learned. One day six-year-old Peter comes to his interview with as guilty an expression as I have ever seen on the face of this small delinquent. He confesses with great apprehension that he has stolen something. I am interested because he has often stolen without a trace of guilt, but today he is very disturbed. At last he tells me. He had stolen a package of cucumber seeds! "I planted them under the telephone pole—the whole package of seeds." Then later, ". . . maybe me and my mother will have a baby next summer!"

Now we can be fairly sure that our knowing delinquent did not really believe that babies were made in this fashion. In the next interview Peter makes another confession. He admits that he knows a bad word. The word is "fuck." I ask if he knows what the word means. At this he becomes very angry. "I don't know what it means, but my mother she *don't* do it!" Thus Peter knew the facts very well! But his denial of "what mother and daddy do" finds support in the enlightenment which he had received. "A seed is planted. . . ." He then acts out his incestuous wishes by way of the circumlocution provided by the bookish phrase.

In our analytic practice enlightenment is given the child strictly in accordance with the requirements of the analytic material and following a careful working through of his infantile theories. Yet, we are interested to see that our patient, from time to time, may revive one of his older theories of origins even after a careful working through of the material. I recall an eight-year-old girl who was nearing the end of the second year of her treatment when she gave me a theory of birth which had long been abandoned but was temporarily revived under the influence of her mother's pregnancy. In two years we had worked through her beliefs that babies came from the anus, from the urethra, from the belly button. All of these theories had existed side by side with the correct information which her parents had given her before she came to treatment. At the age of six, due to the enlightenment by the parents, she could give a complete account of procreation including "the father puts his penis into the mother." She had been enuretic and was severely constipated at the time she came to treatment. In the course of the treatment it was impressive to see how she had "learned the facts" while giving up none of her own infantile theories. The quantities of affect which had been isolated during this learning, emerged in the course of treatment, revealing how the learning had been accomplished while the symptoms were being formed on the basis of her primitive theories.

At the end of the second year of treatment she was symptom-free for a two-month period, and then her mother became pregnant. Shortly after Betty learned of this she developed a new symptom, a hysterical "burping." She clung to this symptom in a secret and satisfied way. She argued that this could have nothing to do with "feelings," that it came from something she ate, and that it was certainly nothing I could help her with. She would giggle as she said this in such a way that I was sure she consciously tried to keep something from me.

Then one morning she came in, looking tired and fretful. She burped constantly as she told me a nightmare which she had had the previous night. Betty, mother, grandmother, and Polly (a friend of Betty's), were in a land where bad animals were. There was a big animal with a beak and he was trying to steal

something from them. Betty woke up screaming for mama. Her mother comforted her. Then Betty went to get her story book. She read the story of the Gingerbread Boy and the story of the Wee Wee Old Woman. Then she went to sleep. When she woke up in the morning, she complained of a stomach ache and told her mother that she did not want to go to Selma's today.

I asked Betty to describe the bad animal with the beak. Her description fitted a stork very nicely though she could not remember its name until I suggested it. I took the story of the Gingerbread Boy as part of the dream and suggested that it might have something to do with the dream. She was far enough along in treatment so that I could suggest that this had something to do with "making a boy" or a baby. She giggled a little and burped continuously. Then I drew her attention to Polly in the dream. Polly had been the source of much discussion earlier in the treatment, for Betty and Polly used to play doctor games together. Now Betty admitted shyly that yesterday she and Polly had played "having a baby." (There had been no sex play for over a year prior to this period.) I asked how had they played "having a baby." Betty said she would explain:

"We put the baby in our clothes. Then the doctor cuts open the stomach." I asked her to show me on the doll. She made criss-cross cuts on the doll's stomach. In response to a question, she said, "Oh, I know that isn't the way and it comes out some place else." (She showed me the correct place on the doll.) "But we play it comes from the belly button. And Polly plays the husband and Margie plays the nurse. Then Polly and I go to sleep 'cause she's the husband."

I asked, "When children play having babies do the ladies feel sick?" "Oh, yes. They groan something terrible! This morning I woke up with a stomach ache, too!" I said, "Do they ever burp?" She exploded with giggles. "No! No! No! No! No!" she said. "You're making that up!" she protested laughing. . . . And then she let out a profound belch and burst into laughter again.

Now the burping, I should say, was in identification with her mother who, during an earlier pregnancy which Betty remembered, had belched frequently. The detail of "cutting open the stomach" to get the baby out belongs, not only to the children's doctor game but to a game which Betty liked to play with her father when I first knew her. When Daddy came into Betty's room to kiss her good night she liked him to play a game with her which she called "operation." Daddy would make criss-cross motions with his finger on Betty's tummy which caused her to giggle because it tickled. When I learned of this game early in the treatment I had asked the father to give it up. There was little question that Betty enjoyed it and that in the doctor games with the children, the "cutting open" of the stomach was stimulating and exciting.

I think, then, we can understand why Betty reverted to an earlier theory of conception and birth when her mother became pregnant. The mother's pregnancy forces the child to the painful acknowledgment of the parent's intimate relationship which has produced the baby. At the same time she envies her mother who has been given a baby by the father. Her symptom of burping derives from an identification with her pregnant mother and an earlier theory of oral impregnation. In

her doctor game the erotic element in the old game with her father is acted out in accordance with the wish to have a baby by her father. But also the infantile form of the game, and the manner of birth enacted, constitutes a denial of the facts of the sexual relationship between the child's parents. The mother's pregnancy is a painful proof to the child of the facts of coitus. She defends herself against these painful emotions by reverting to an earlier theory, one which is both pleasurable like the old game with Daddy, and which serves the useful purpose of denying the unpleasant truths.

I might conclude with one last case example which illustrates how enlightenment can come to grief even with an older child when it is imposed on infantile theories which have not been surrendered.

In the early days of my practice with children I was working with an eleven-year-old girl whose obstinacy, negativism and ill-tempered response to my therapeutic efforts left me with a twice-a-week feeling of futility and incompetence. I was gratified, therefore, after seven months of treatment to see some encouraging signs. Where for seven months she had loudly insisted that she wanted to be a boy, she now made some slight gestures in the other direction, which consisted of wearing skirts and combing her hair. She began to ask tentative questions about sexual matters, or rather to show interest in sexual matters in a disguised fashion. I took advantage of this new direction in treatment by enthusiastically presenting the facts of menstruation and conception while she listened with careful attention and some skepticism. In the course of these discussions (or lectures, perhaps) she asked a few questions regarding procreation. She did not believe that "you had to have a father to make a baby." She was unwilling to discuss this with me but seemed full of some secret knowledge and contempt for me which I did not understand. Then the discussions stopped. We had more negativism and more slacks and the hair was again uncombed.

One day Patty's mother called me before Patty's appointment to tell me that she had begun to menstruate that day. When Patty arrived she was silent and looked upset. She carried her school books into the office, sat down opposite me, picked up one of her library books, held it in front of her face and began reading to herself. The book was an effective barrier between her face and mine. On the cover of the book, I read its title: "The Mystery of the Missing Key."

Patty refused to talk during this interview. Then for about two weeks the interviews followed this same pattern. She brought one or another of the mystery books which she read constantly at school and at home, held it in front of her face and ignored me completely. Of course, I tried to handle the problem. I alluded to the mysteries and the avoidance of me and the relationship of the two factors. But she cleverly avoided getting into conversation with me.

Then one day she marched into the office with a look of triumph. She promptly told me that she had caught me in a lie. "You told me a baby had to have a mother and a father!" I admitted this. "There now I got you!" she

sang out. "*Cause I read in the newspaper all about the lady who got a baby from artificial respiration!*"

I tried to straighten her out on this in vain. I knew that she was alluding to a newspaper account of a legal suit involving a case of artificial *insemination*. "No!" she insisted. "Respiration! I'll show you the paper. That's what it said. You can ask any of the kids at school."

I asked her to explain how one could "get a baby" from artificial respiration. She said, "Well *you* know what artificial respiration is when somebody drowns. Well, that's how it happened." I reminded her that we had already discussed that the seed of the male must come in contact with the egg of the female for conception to take place. She said knowingly, "You don't have to have the seed of a male." "Are you sure?" "Yes." "Give me an example." Patty said cautiously, "I heard of a girl who did something to herself and she got a baby." I asked what she could have done. "She did something like you do to have babies but she did it to herself." She went on. "But you have to *menestrate* first. And then if you do it after you *menestrate* why then you can have a baby!"

This naturally led into a discussion of masturbation and a story confided by Patty of sexual play with boys at the lake two summers ago. For our purposes here we need not go into this material.

The story of Patty seems to me of special interest in that it reveals how the infantile theories of procreation serve a purpose even at a later age in childhood. My enthusiastic and ill-timed enlightenment had entirely failed to reckon with this child's pubertal fantasies. Now it is easy to see that she had to deny the role of the male in procreation because of her anxieties about the sexual act. Her tom-boyishness was a defense against the heterosexual strivings which at that time were felt as dangerous.

Menstruation was perceived as a castration ("The Mystery of the Missing Key"). Her ideas of coitus were based upon her own masturbation (probably with fantasies of having a penis) but were also fused with the knowledge of a sexual act between two partners as we see in shadow behind the "artificial respiration" theory. Thus at the same time that she denies the facts of coitus and the role of the man, her "artificial respiration" theory testifies to some knowledge of a rhythmic act "performed upon" a woman lying prone.

In each of these cases cited we see many implications for those who enlighten the child, both for the parents and for the therapist. It seems that parents and beginning therapists share many of the same problems in enlightenment, the tendency to "tell all," to "read the book" to the child, to overlook the complex fantasies on which this new education is imposed. It is noticeable that in each case the education did not "take" because the child's own theories served the neurosis in some

way. In certain of our cases, as we have seen, isolated bits of the new education were appropriated by the child when these, too, served a neurotic purpose.

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A PHASE IN THE DEVELOPMENT OF CHILDREN'S SENSE OF HUMOR

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Verbal jokes, as Freud has shown, are extraordinarily complicated productions, in which a variety of psychic functions collaborate, and in which the result is very compact and condensed. The capacity to comprehend and produce verbal jokes develops through various stages. The kinds of verbal jokes that children make, enjoy, learn, and repeat, change with age. It is the purpose of this paper to analyze one phase in children's response to verbal jokes.¹

In asking children between the ages of six and twelve to tell me jokes they knew, I found that, in telling jokes which contained a play on words, they frequently ignored the double meaning. They acknowledged only one meaning of the ambiguous term. The following questions then arose. How did they enjoy the joke without the wordplay? What is the alternative way of enjoying the joke with the wordplay, as adults presumably do? Why does the child not respond in this way?

I shall confine myself here to instances in which children did not use the double meaning provided by the joke. This does not imply that the same children did not in other instances utilize double meanings. To determine where children are first able to use double meanings and where they adhere longest to single meanings would go beyond the scope of the present paper. I am not able to set any age limit to the phenomenon I am considering. Children throughout the age range from six through twelve provided instances of single-meaning reactions. I assume that utilizing both meanings represents a more advanced stage of intellectual and emotional development. As adults, we are inclined to assume that in certain jokes where a term admits of a double meaning this double meaning is essential to the effectiveness of the joke. As Freud has remarked, if in such cases other words were substituted we should no longer regard it as a joke.

1. This paper is a first report of a study now in progress of the development of children's sense of humor. Children between the ages of five and twelve have been interviewed on the jokes which they know or have made up themselves, asked to draw funny pictures, etc. Stories collected by teachers and observations of children in school have also been drawn upon.

Let us consider the following joke, which was a favorite with the children:

Why did the moron jump off the Empire State Building?

Because he wanted to make a smash hit on Broadway.

There was also the alternative answer: Because he wanted to show he had guts.

The phrases "to make a smash hit on Broadway," and "to show he had guts," are here ambiguous, combining on the one hand a meaning which involves damage (smashing against the pavement, guts spilling out) and on the other hand a meaning which involves gratification (being a success in the theatre, demonstrating one's bravery). The two meanings are mutually opposed, the second (especially in the "hit on Broadway") being a denial of the first.

Several of the children who told this joke appeared to react only to the first meaning, the one having to do with damage, and to ignore the one having to do with gratification. A seven-year-old boy, who gave the "guts" version, produced a joke of his own invention which apparently seemed to him equivalent: "Why did the moron commit suicide?—Because he didn't want to live." He thus indicated that the wordplay was irrelevant for him. The twelve-year-old sister of this boy remarked, with an expression of distaste, that her brother was mainly interested in jokes about blood and guts, and cited the Empire State joke, which she apparently took in the same sense as he did. She added that her brother was very much interested in collecting extracted teeth with bleeding roots (their father is a dentist) and keeping them in his bureau drawer.

An eleven-year-old boy tells the Empire State joke and gives the "hit on Broadway" solution. His father objects that the Empire State Building is not on Broadway. The boy then amends his answer: "Because he wanted to make a hit on Fifth Avenue." The father then explains the other meaning of making a hit on Broadway, which apparently was not previously known to his son. For this boy, as for the younger one, the joke involved no shift of meaning, but provided gratification through the facing of extreme danger.

The mechanism by which these boys find this joke enjoyable would seem to be the following. They are facing a threat which at one time would have aroused intense anxiety. However, they have acquired the capacity to contemplate this threat with less distress. Ernst Kris has analyzed this important variety of comic gratification. What was formerly frightening becomes an occasion for laughter (6). Thus, for instance, the child who originally is overcome with fear when he falls is later able to

respond with laughter when he is tossed in the air. The Empire State joke calls up an imaginary experience of falling (with its associated meanings of castration and death). We may suppose that the frighteningness of such an imagined situation is vivid to these children, that their capacity to master such fears is recently acquired and not wholly established. Consequently the imagined situation tends to evoke the original fright, which, however, is quickly moderated and gives way to a sense of elation as the child feels his capacity to take it, to feel excited without being overwhelmed by anxiety. One may say that the defense which the child here uses is a counterphobic one. He faces a prospect which formerly evoked intense anxiety, and is able to turn it into an occasion for gratification as he re-enacts his achievement of mastery over his fears.

The use of the counterphobic mechanism for joking purposes may be illustrated further. A five-year-old girl made up the following "funny" story which was much appreciated by her classmates, who produced similar compositions. "Once upon a time there was a little girl named Nothing. And she went to a sharpening knife store and she cut herself. And her mother came running and took her home and put her to bed and she began to cry again. And then she hit herself and she ran out of bed, and she lay down on the floor and she rolled in the gutter and then she got run over and more. She didn't get dead. Sometimes you get run over and you don't get dead. You stay still in the middle of the road. . . ." This story obviously contains a variety of components, including a fantasy of masochistic sexual gratification (lying in the gutter and being run over—this child had slept for long in her parents' bedroom), direct denial of damage ("she didn't get dead"), and transformation of passivity into activity [as the girl in the story cuts, i.e., castrates herself—the name "Nothing" is significant in this connection (7)]. This last device of transforming passivity into activity may also be noted in the Empire State joke, in which the hero of the story takes the initiative in his own destruction. However, the major effect of the story of the girl named Nothing seemed to derive from the simple and abrupt confrontation of severe damage, which repeatedly evoked laughter from the children.

A ten-year-old boy recounts the following repartee between himself and a schoolmate. "I told him, 'A man walked right in front of a car. Do you know what happened to him?' He said, 'No.' Then I said, 'You're dumb. The car went right past him—after going over him.'" Here the conflict between denial and the counterphobic attitude is manifest, with the latter tendency winning out. We can also see here especially clearly, what is also present in the previous instances, namely

the incidental sadistic gratification in imposing the counterphobic position on the other person. The listener is assigned the wish to deny and evade while the speaker can show his superior capacity to face danger while forcing it on the other.

A twelve-year-old boy describes a "funny picture" which was drawn by another boy in his class. It is "about an airplane. A man went to see about the propeller and came back without any head. A man is falling off into a whale's mouth. Another man threw off a can and forgot to let go. I was supposed to be holding onto a bomb and a bullet was heading for it. Charlie was holding onto the rays of the sun. . . ."

Here the boy who produces the picture of danger and damage includes several of his classmates as victims. This component of attack against others, as well as the thought "it doesn't happen to me but to someone else," mitigates anxiety in all the instances cited. The diversion of damage from oneself to others, however, serves not only as a defense but also as a gratification. With the reduction of anxiety, and under the permissive auspices of this being only a joke, there is a pleasurable release of destructive impulses.

The jokes which we have considered have this in common that they deal with a situation of imminent or accomplished damage. We have, following the suggestion of Ernst Kris, attributed the gratification obtained to the re-enactment of mastery over anxiety for which the imagined situation provides an occasion. Painful feelings seem for an instant to be imminent, but what is experienced instead is an emancipation from them. Additional factors which we noted as contributing to pleasure in these instances are: transformation of passivity into activity (which occurs doubly as the child telling the story, as well as the character in the story, precipitates the occurrence of the danger situation); forcing of the danger situation on the listener, on whom the teller may also project his tendencies toward denial; the reassurance "it doesn't happen to me but to someone else;" and the release of aggressive impulses permitted by its being only a joke.

Let us now return to the Empire State joke and attempt to analyze it more fully. In so doing we shall bring out the potentialities of the joke material which were unused by the children, and gain some idea of alternative mechanisms of joke formation and appreciation.

The latent content of the joke may be reconstructed as follows: The huge phallic shape, the Empire State Building, rouses in the moron, the child, an impulse of competitive exhibition, expressed in wanting to "show" something, to make a theatrical success. This impulse is punished by his being destroyed. The child who reacts to the joke by a counterphobic attitude summons up his capacity to confront this threat-

ening fantasy without panic. In so doing, he responds to the latent meaning of the joke while brushing aside the transformation of it in the joke construction. For the manifest joke tells us something else. It begins with destruction and ends in gratification of impulse. That is, we hear first about the moron jumping off the Empire State Building and following this the idea occurs that he makes a hit on Broadway or shows he has guts. The order of presentation is thus one in which payment is made in advance for a gratification of impulse. Eidelberg has analyzed this form of joke construction (1). Of course there is here an absurdity in the excessiveness of the price, which precludes any further gratification.

The moron of the story provides a comic satisfaction through his error in thinking; he mistakes the meaning of "a hit on Broadway" and imagines it to be identical with a fatal crash on the pavement. However, what is expressed is also the tenaciously held wish for survival of destruction and eventual gratification despite it. The sequence of destruction followed by gratification, embodied compactly in this little joke, expresses the same motives as the sequence in early Greek drama where the satyr play followed the tragedy. The moron, the recurrent comic figure of the fool (child, penis), combines vulnerability and invulnerability. This belief in punishment coexisting with its denial also illustrates what Freud has described as a splitting of the ego in the defensive process (5).

The wordplay in the joke is essential to its being a joke from the adult point of view. What then is the effect of the wordplay? Freud has shown how wordplay affords pleasure through an economy of thought, and thus facilitates the release of repressed impulses (3). As applied to the present example, the manifold application of the ambiguous phrase provides the pleasure of wit, and serves to release enjoyment in destruction. Apparently the children do not need, or are unable to use the wit façade, but react directly to the destructive fantasy.

To clarify further these alternatives of joke appreciation, I should like to analyze more fully the function of the joke not only in releasing impulses but in reducing anxiety. This is an aspect of jokes which was relatively little stressed in *Wit and Its Relation to the Unconscious* where the emphasis was much more on the attainment of impulse gratification despite moral opposition. In certain kinds of jokes, as I shall attempt to show, wordplay has the effect of reducing anxiety related to the underlying meaning of the joke. If we examine further the wordplay in the Empire State joke, we may see how this reduction of anxiety is achieved. The ambiguous phrases "to make a hit on Broadway," "to show he had guts," refer (from the point of view of the joke's pro-

tagonist) to both impulse gratification and its punishment. On the unconscious level these terms express a causal relation as one of identity. As Freud has shown, the relation of cause and effect does not occur in the unconscious, but the relation of identity does (2). Gratification and punishment, being referred to by a single term, are declared to be identical, that is, inseparable.

However, a joke is different from a dream. In a dream two opposite images may merge. But, awake, we protest; the two images referred to by the same term are not the same; they remain opposed and mutually irreconcilable. The moron seems to us to have made a ludicrous mistake in misinterpreting an ambiguous phrase and substituting one meaning for another. What do we then make of the opposite images evoked by the ambiguous phrase? I would suggest that these images tend to cancel each other out. As the ambiguous term continues to evoke two mutually incompatible images (the fatal crash to the pavement, the theatrical success) and seems to suggest against our better reason that they are identical, we feel that this is nonsense. The feeling that it is nonsense would seem to imply a decathexis of the underlying fantasy with its threats of damage. The word, by its evocation of opposite images, renders them both untenable.

This then is an important difference between a dream and a joke involving this sort of wordplay. Where in the dream we adhere to representation in visual imagery, in the case of the joke it would seem that we use the word to make the images dissolve. And with this dissolution we achieve a liberation from the anxiety of the underlying fantasy.

Schopenhauer, in his analysis of wit, put forward the theory that the pleasure we take in wordplay is produced by the gratification of anti-intellectual impulses. We have a chance to express our hostility and resentment against language, which we feel embodies the demands of reason and logic. When we find a word that means two opposite things, the weakness of language is exposed. It fails to correspond to reality. We are elated at this demonstration of the irrationality of language, and we use the images of real things, to which the word fails to correspond, in order to devalue the word. While there are many forms of joking in which antilinguistic impulses would seem to be expressed (in word deformations, dialect jokes, etc.), in the kind of wordplay which we have been analyzing the opposite principle seems to apply. We intensify our valuation of the word because it helps us to decathect images of real things which may be disturbing. The word acts as a kind of exorcism. It dazzles us by continuously evoking one image and then the other, like a juggler who repeatedly makes one object appear where

another had been and ends by making both disappear. As the logic of our waking mind precludes the fusion of the opposing images, we end by dropping the images and are left with the word. This very likely contributes to the fascinating quality of wordplay as well as to the feeling that, as in performing a ritual, we must get the words exactly right.

We may also remark, in passing, on a difference between the use of ambiguous words in jokes and in poetry. In poetry the multiple meanings of a word re-enforce each other, thus approximating to the fusion of images in dreams, and intensifying emotional impact. In the joking use of ambiguous words the effect may be, as we have seen, to reduce the impact of the images through their mutual incompatibility and thus to liberate us from the related emotions.

If we make use of the wordplay which the joke provides, we find within the joke itself the means for solving the emotional problem which it evokes. The response of the children to the Empire State joke showed that they did not make use of this device. Reacting to the imaginary danger situation, they called into play their counterphobic capacities, that is, defenses extrinsic to the content of the joke. Why did they not use the defense provided by the wordplay? One gets the impression that the original image evoked has too strong a hold on them; they are unable to shift via the ambiguous word to an alternate image.

Piaget has recorded the difficulty which children up to the age of twelve or so find in understanding words in a figurative sense. They are thus unable to interpret proverbs. Confronted with the statement, for instance, that white dust will never come out of a sack of coal, the child conjures up vivid images of the blackness of coal, how dirty it makes anyone who handles it, and so on (8). These images seem to preclude a shift to another meaning of the statement, a figurative one in which the images would fade out. This adherence to the visual images originally evoked by the words would seem to be equally operative in children's single-meaning interpretations of wordplay jokes. However, here the reaction also seems to be re-enforced by the circumstance that the problem raised in the joke remains a real problem for them. To perform the shift of meaning which the wordplay makes possible requires a degree of decathexis of the underlying content which the children are not yet able to achieve. They may be able to moderate the intensity of the feelings evoked, but they cannot dispose of them as nonsense.

The inability to shift from one meaning to another may be illustrated from other examples. In riddles where the answer involves wordplay, the question in its original meaning remains unanswered. By a displacement of emphasis we are able to drop the original problem;

we are exempted from worrying about it. Children, however, frequently insist that the riddling question in its original sense must find an answer. A seven-year-old girl asks: "How do you keep fish from smelling?" She gives the answer: "Cut off their noses." She then adds the explanation: "Then they can't smell and you can't smell them." Thus she does not accept the shift in meaning which would leave the question as initially understood unanswered. The result must be achieved that we do not smell the fish. In its latent meaning this joke contains the idea of cutting off our own noses. The joke, by playing on the ambiguity of "smell" (to exude an odor, to inhale an odor), diverts the threat; the fish become the victims and we remain intact. By sacrificing the solution of the initial problem we succeed in averting a more serious loss. The fact that the little girl does not make this shift would seem to indicate that she cannot dispose so lightly of the problem. She is unable to drop the thought "our noses are cut off" which is implicit in her saying "we can't smell." There are probably also other factors operative here. The proposed desideratum of the riddle, to eliminate certain odors, is probably not felt by the child as really desirable. The joking answer still leaves us with our olfactory gratification: we still would smell the fish. The child insists on excluding this gratification probably because it represents dangerous and forbidden wishes (smelling and tasting the fish, that is, the penis). Thus in the child's interpretation of the joke, she forces herself both to face her own damage and to renounce her wishes.

Similarly, to recall again the Empire State joke, the children who did not react to the wordplay, confronted the threatened danger without availing themselves of the alternate possibility of impulse gratification (the successful exhibition). One gets the impression that the children in this way use the jokes as cautionary tales. The ten-year-old boy already cited who proposed to his schoolmate the question of what happened to the man who walked in front of a car, had organized a safety club in his school and at the same time had the ambition to become a daredevil. Thus he remained preoccupied with images of danger, on the one hand with the idea of being warned and warning others against it, on the other hand with the aim of being able to face and survive it.

That the problems proposed in the riddles they tell constitute real life problems for the children is illustrated further in the following instance. A nine-year-old girl relates this dialogue: "Simple Si, why do you take the bicycle to bed with you?" "So I don't walk in my sleep." The child adds: "He's going to ride the bicycle in bed." Let us analyze first the wordplay in this joke. It consists in a shift in the meaning of "walk" which accordingly admits of two contrasting alternatives. To

walk in the sense of walking in one's sleep admits of the presumably preferable alternative of remaining immobilized in bed. To walk by day admits of the preferable alternative of riding. The two alternatives are opposed to each other in that one consists in a reduction of movement and the other in an acceleration of movement. The simpleton of the joke, by ostensibly confusing the two kinds of walking, substitutes the daytime for the nighttime alternative: to avoid walking in his sleep, he will ride instead. If we react to the wordplay, we take this as a comic error of thinking, regard the result as nonsense and do not concern ourselves further with the nighttime problems of the simpleton.

The underlying meaning of the joke has to do with the child's nocturnal activities (masturbation) and his difficulties in giving them up. His resolve to stop these activities only leads to their intensification (represented by the increased tempo of riding as compared with walking). The little girl produces the image of the simpleton riding the bicycle in bed instead of reacting to the wordplay which, by making us feel "this is nonsense," tends to dissolve the related images. She thus makes explicit the thought, which otherwise remains latent, of the child's increased activity in bed. This girl tells us that she has great difficulty falling asleep. Like the simpleton she indulges in some paradoxical behavior in bed: she sleeps with her head where her feet ought to be. Her nurse thinks this is why she cannot fall asleep, but the girl does not agree. The problem of disturbances of sleep with which the joke deals is thus a real one for this child. The absurd idea of taking a bicycle to bed does not seem too remote from her own practice of sleeping with her head where her heels ought to be, and the refusal to give up nocturnal activity becomes the manifest meaning of the joke for her instead of remaining latent. While it is the insistence on impulse gratification which the child stresses, the uncontrollability of the impulse is implicitly a danger. In facing rather than denying this danger in her version of the joke, the child illustrates again the counterphobic approach.

Further instances may be cited in which the problem posed by the joke is too real for the child for him to be able to dismiss it as nonsense. An eight-year-old boy asks the riddle: "If you were in a room with just a bed and a calendar do you know how you would live?" He gives the answer: "Eat the dates off the calendar, drink water from the bed springs and sleep on the bed." The last point about sleeping on the bed is the boy's own addition: it is no joke and indicates that he is putting himself in the imagined situation and trying to think how he would live in it. He tells us a little later that he sometimes thinks when he is angry that he will go to his room and say he will never come out.

His little sister asks him what he will eat, and he says that he will eat the fish from the aquarium.

If we, as adults, are told about someone being locked in a room, asked how he could live, and then told about the dates on the calendar, etc., we would be likely, reacting to the absurdity of the solution, to reduce whatever feeling we had of the seriousness of the predicament. If for a moment we had thought of this as a real problem situation, we would take our cue from the answer and feel: one does not have to take it seriously; this imaginary predicament is no more real than the possibility of eating dates off the calendar. However, to the little boy, the situation is a real one. The joking solution does not dissolve his concern with it, but leads to a further improvisation of his own which is quite serious. We may suspect that eating the dates off the calendar represents to the boy a magical solution to his problem rather than a comical absurdity. There are other reasons why this boy is preoccupied with the problem of someone closed up in a room. His mother has recently had a new baby. Thus the question of how one would live in the closed room refers also to the baby's prenatal life. The boy asks another riddle about how one could get out if one was locked in a room without a key, a question which probably expresses his puzzlement as to how the baby got out.

In all the cases where children bypass the wordplay of the joke, they seem to react directly to the latent content. The wordplay which produces an effect of nonsensicality enables us to decathect the latent content before it emerges into consciousness. The façade of the wordplay, however, does not seem to divert the children from the latent meaning in this way. The fantasy images which are evoked are too strongly cathected to be dissipated by words. The child is thus unable to use the defenses which the joke offers and is thrown back upon his own resources. However, he is apparently able to derive satisfaction both from the fantasy material and from the exercise of his own capacity to deal with it.

We might at this point consider some further satisfactions which children derive from these jokes. Latency children seem particularly addicted to riddles. The answers frequently involve wordplay, to which, as we have seen, the children often fail to respond. What then is the appeal of this form of joke for them? We may note incidentally that the jokes which we have cited must have been originated by adults, since the jokes invented by the children did not meet the norms of successful wordplay. The appeal of the riddle for the child consists partly in that he can fool someone with it. Since you cannot guess the answer, he demonstrates that he is smarter than you. When he first learned the

riddle he was put in the position of not knowing; in telling it to someone else he is able to turn the tables. There may also be a pleasurable repetition of other occasions when the child asks the adults questions to which they do not give the right answer and where he knows the answer already himself. He may find in his own foolish answers to joking riddles a parody of situations where the adults gave foolish answers to his questions; or in the funny question, a voluntary re-enactment of occasions when his questions seemed comical to the adults. The riddle with its effect of concealment and mystery is probably associated with numerous secret investigations and activities of the child, and as we have seen, the latent content is apt to be concerned with similar matters. The child in learning these riddles from others and passing them on is able to feel that these secrets are shared and not peculiar to himself.

An extensive series of these riddles, a few of which have been cited, deal with the behavior of "the moron." The moron is in part the clever fool who surprises us by turning out to have a reason for the seemingly unintelligible things he does. Thus the moron, like the child who asks us the riddle, is smarter than we are who cannot guess the answer, the reason for the moron's acts. The moron does crazy things and, as his characterization as a moron suggests, he is defective. Thus he is the child who masturbates and has damaged himself as a result. It is striking that in almost all the moron jokes the moron is alone. He does not speak but is occupied with motor activities and manipulations of objects. In these isolated activities he is again the masturbator. In a number of these jokes he is taking various more or less improbable things to bed with him. (Why did the moron put hay under his pillow?—Because he wanted to feed his nightmares, etc.) Another group has to do with his wishes to see various things. (Why did the moron throw the clock out the window?—Because he wanted to see time fly, etc.) The moron in his incessant activity and hardy survival of all catastrophes is also, as suggested before, a symbol of invulnerability. Partly because he is already damaged, nothing can happen to him. But partly his damage may be regarded as only apparent, as testified by his energy and the cleverness concealed by his seeming foolishness. His is a fluctuating image, like the images evoked by the wordplay of the riddles. Thus he seems stupid in committing an unintelligible act. Then he seems clever when we discover he has a reason. Then he seems stupid again as we see that the reason is absurd.

It is interesting to compare with ready-made riddles (that is, adult-originated) the ones which the children make up themselves. These are frequently simple questions with simple answers; they are not riddles

at all. The joke consists in the fact that the person asked, looking for a more complicated answer on the assumption it is a riddle, misses the obvious and true one. These original "riddles" are not as simple as they seem; if one has the chance to observe them in *statu nascendi* one can see that they are based on suppression of less harmless material. For instance, a seven-year-old girl asks the "riddle": "Why does a bus have wheels?" and gives the answer, "In order to run, of course." This was produced immediately following a discussion of siblings. The girl had said that she has no siblings and that she is glad of it. Babies are a great nuisance and very worrisome besides. For instance they are apt to run in front of buses and get run over. In this context the answer to the "riddle" which first occurred to her was probably that buses have wheels in order to run over babies. However, this is put aside in favor of the matter-of-fact answer which conveys to the listener: how dumb you are not to know that. But the child is fooling us further with this matter-of-factness by which she feels she is able to hide from us the thought which she has suppressed. Thus she is concealing the truth, just as adults do in answer to children's questions.

In considering the appeal of riddles, we might pause to analyze the difference between a joking and a nonjoking riddle. A nonjoking riddle is one where the conditions laid down admit of only one right answer, which is difficult to find. The riddle of the Sphinx is an instance. A joking riddle admits of a number of answers among which the joking one is preferred because of the satisfaction it provides. Thus for instance, in the Empire State riddle, the reason for the jump could be that the man's girl did not love him any more. The conditions of the question do not exclude this answer. However, we prefer the one about the hit on Broadway because it provides us with an escape from catastrophe. There are also the joking riddles of the type of "Why does a bus have wheels?" where the joke is not in the content of question and answer but depends on arousing a false expectation in the hearer.

The following riddle was invented by a seven-year-old boy and shows an attempt to use wordplay to produce a funny riddle. "When does a lamp burn?" Answer: "When it's on fire." To the boy the thought of the fire is evidently so gratifying or preoccupying that it takes precedence over the obvious nonjoking answer that a lamp burns when it is turned on. If for the listener the idea of fire lacks a similar appeal, he may not be satisfied with this setting aside of the obvious answer. If the boy had asked: "When does a lamp burn without being turned on?" he would have produced an unfunny riddle since the answer he gives would then presumably be the only possible one. The insufficient delimitation of the question seems to be frequent in children's attempts to

invent riddles. A further difficulty with this riddle would seem to be in the fact that the two meanings of "burn" on which the wordplay depends are not sufficiently far removed from each other to produce a surprise effect. There is little shift in meaning or evocation of opposed images. Here again, in joke production as in joke appreciation, we see the difficulty in handling shifts of meaning.

We were led to investigate some of the appeals of riddles in order to see what satisfaction they afforded to children who liked them but apparently often made little use of the wordplay which seems, from the adult point of view, to define the joke. We have seen that riddles apart from the wordplay can afford a variety of pleasures. Let us now return to the point that children, while obtaining other pleasures from the joke, frequently do not utilize the wordplay, and let us sum up what seems distinctive in their way of reacting.

According to the hypothesis here advanced, adults, in responding to the sort of joke which offers satisfaction through reduction of anxiety, use the wordplay provided by the joke to exorcise the conflicting images. They feel: this is nonsense, it can't be, one doesn't have to take it seriously. The latent meaning, threatening to emerge, is decathected before it reaches consciousness. The children who do not use the wordplay react more directly to the latent meaning. For them it is the verbal façade rather than the underlying fantasy which dissolves. Confronting anxiety-provoking material they make use of other defenses than those provided by the joke. They have learned to face anxiety-provoking situations in reality or in fantasy with reduced affect and are able to derive pleasure from facing such situations, once fearful and now exciting. In doing so they re-enact their achievement of mastery.

Where children do not use the wordplay, it would seem that their cathexis of images is too strong and their cathexis of words too weak for them to be able to dissolve the images in favor of the words. Moreover, it is likely that they handle images more according to the primary process so that two mutually opposed images do not seem incompatible to them but tend rather to fuse on the basis of an emotional connection. Thus, for instance, in responding to the Empire State joke, a child who sees only the smash on the pavement, may nevertheless respond to the shape of the building and have fantasies of competitive exhibition which merge into the image of catastrophe. Instead of experiencing a double meaning he may have a fused image.

Where wordplay is used for the reduction of anxiety, which is presumably the adult way of responding to a wordplay joke, denial is operative. One allows oneself to feel that the danger evoked (of the moron crashing on the pavement, or whatever) is unreal, nonsensical,

and need not to be worried about. In the response of the children who do not use the wordplay, there seems to be less denial. They force themselves to face a danger situation and demonstrate that they can take it. We thus have in relation to jokes a paradoxical situation. Children, who in real life presumably use denial more than adults do, use it less in jokes. We might then conclude that while adults use jokes regressively, permitting themselves to employ an otherwise devalued mechanism in a playful way, children use jokes progressively in the service of their growing mastery of reality. Jokes which evoke images of danger are among the play situations in which the child tries himself out in facing and overcoming his fears. In children's frequent refusal to accept shifts of meaning, we may also see a resistance to regression. They cling to their recently acquired mastery of words and their meanings, and seem afraid to abandon themselves again to the infantile state where the relation between sound and sense was a matter of arbitrary whim. Or perhaps it would be more accurate to say that they find difficulty in combining sense and nonsense (as adults do in wordplay jokes), but tend to keep the two separate and to guard the area of the meaningful from disrupting nonsense.

One further observation may be added here which the foregoing discussion may help us to interpret. Children up to the age of puberty seem able to repeat jokes with less reduction of impact, and to remember jokes more easily than adolescents and adults do. There are probably numerous factors involved in this, of which I shall mention only the one which is related to the previous points. If for the younger children the mode of approach to the anxiety-provoking content of the joke is apt to be a counterphobic one, the joke becomes repeatable. Indeed, to inure oneself to a dangerous or painful prospect, one must expose oneself over and over again. However, if we react to the self-decathecting mechanism within the joke, less anxiety will be evoked a second time since we know already how it is going to be relieved. Moreover, the joke has effected a decathexis of the content which it evoked, and thereby becomes easily forgettable. (The opposite occurs in poetry, which tends to haunt us while jokes disappear from memory.)

I should like to conclude with a remark on how the aspect of jokes which has been mainly discussed here relates to the total field of the verbally funny. We have been concerned with jokes as evoking danger situations. In Freud's analysis of wit and humor, he characterized *wit* as a means of obtaining gratification of otherwise forbidden impulses. The reduction of painful feelings was confined to *humor* (3, 4). One wonders whether this difference is not one of degree. The jokes which permit impulse gratification probably also provide alleviation of the

anxiety associated with the impulse. This may be effected in two ways. First, in so far as sexual or aggressive impulses are released in a joke, there would seem to be a reduction of related anxieties through the awareness: this is only a joke. This *joke awareness*, as one might call it, seems composed of a shift in the quality of the associated affect, and a reduction of assertive intensity ("I don't really mean it"). Second, the *joke content* may deny the dangers associated with the impulse gratification. An illustration of the latter point may be taken from a joke told by adults: "Do you know what they called the Indian who was a fairy?—Homo the Brave." Here we find not only a presumable gratification of homosexual impulses, but also a mitigation of the anxieties they evoke. "Homo the Brave" contains a double denial of effeminacy: not only is the "homo" an Indian brave, but the phrase as a whole evokes an image of stalwart defenders of our country.

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ADOLESCENCE

A PSYCHOANALYTIC STUDY OF A RELIGIOUS INITIATION RITE BAR MITZVAH

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INTRODUCTION

In certain religious ceremonies one can observe how society tends to institutionalize the major universal affect-arousing situations and, by linking them to suitable occasions, utilizes them for purposes of real social values (5, 8, 10). To the extent that these affect-arousing situations constitute a common and significant experience for members of a social group, a community of participants is formed. For such a group, mass participation in the observance of a ceremonial may serve both as a means of arousing and discharging those affects which are peculiarly linked to the particular event. All the members of the wedding, for example, experience to a greater or lesser degree their own emotional relationship to the momentous event of taking a mate for oneself. This is as true for those as yet unmarried as it is for those already married. Clinical psychoanalytic experience makes manifest the various forms of affect aroused in patients who attend such rites.¹

1. By restricting conclusions to data drawn from clinical psychoanalytic experience, it is hoped that some of the methodological difficulties inherent in the application of psychoanalytic thinking to cultural processes may be avoided. A number of qualifications concerning the sampling of the patients must be introduced. The data cited in this study were obtained on patients in psychoanalytic treatment. There were eleven such patients drawn from the New York Metropolitan area. Of these patients, nine were men and two were women. All of the patients were native-born Jews but the parents of eight of the eleven were foreign-born. In only one case was a patient raised in a devoutly observant, orthodox Jewish home. For the rest, religious observance was never a matter of compulsion. Both women were housewives and college graduates. One of the women did some teaching in a Sunday School. Of the nine men, six were professionals, two were businessmen, and one was an advertising executive. Four of the patients, including both women, had hardly any religious instruction. Two had less than three years of religious schooling and five had more.

The method of approach delineated above differs in many aspects from the more common applications of psychoanalysis to religion in so far as no attempt is made to confine religious experience within the framework of any nosological entity, as, for example, Freud and others after him did when they considered religion as "the universal, obsessional neurosis of mankind." Psychoanalysis permits us to observe what affects are aroused in an individual who participates in any communal experience—religious, artistic, political, or otherwise. What the religious experience signifies to the

PSYCHOANALYTIC STUDIES OF INITIATION RITES

Among the affect-arousing situations, few are more dramatic than the transition to biological and sexual maturity. This event, as we know, has been widely celebrated among primitive peoples in awesome and colorful ceremonies which have been the subject of a considerable body of psychoanalytic literature.² The essence of these studies may be summarized as follows: The approach of sexual maturity accentuates the affects connected with the conflicted relations between the father and son and their respective generations. In order to integrate the youth with the social patterns of the community and with the traditions and values of his forebears, it is necessary that he master the feelings referred to above, especially those which arise out of oedipal rivalry. The initiation rites of primitive peoples which usually involve circumcision, serve to discharge the fear and hostility which the older generation harbors toward the developing younger generation. By hurting and frightening the initiates the older generation exacts promises of submission and obedience; by interceding in behalf of the youths and protecting them from the hostile spirits, they divert the aggression of the youths toward the spirits and away from themselves, thus allying the new group of adults to the elders in ties of gratitude for helping them into manhood. The twofold way in which the primitive boy experiences the antics of his elders during the initiation ceremonies corresponds to his previous experiences with the men of the older generation. When they make horrendous noises and terrify him almost to death, he re-experiences, as it were, the childish terror of the father and his surrogates. In the benign intercession of the elders, on the other hand, the youth feels once again traces of the protecting intervention of the father and father substitutes who in the past had educated him and had watched over his development. The initiation rites solemnize the granting of such sexual and other privileges which accrue to mature men of the community. Elements symbolizing castration, death and incorporation as well as expulsion,

particular patient, its connection with other elements in the patient's psychic life, and the fantasies which it provokes in him, can be understood during psychoanalytic therapy. In this respect, the interplay of psychological forces resembles more closely the affective situation one observes in communal participation in a work of art. Many elements in religious observance are of the nature of a "shared daydream" which enables the participants to discharge various tensions after the fashion which Sachs has described (19).

I am indebted to Dr. Irving M. Clyne for some of the clinical material.

2. The literature on initiation rites is of considerable import for psychoanalytic theory in general. The main ideas concerning initiation rites which pertain to the problems discussed in this paper follow the work of Reik (16), Freud (8), Flugel (6) and Róheim (18).

rebirth and phallic endowment have been interpreted in these ceremonials. The members of a "class" of initiates may feel a special type of kinship, sometimes formalized in the term and institution of "blood brothers." The termination of formal initiation is often marked by appropriate festivities during which the initiates sometimes embark, as a group, upon the exercise of their newly won prerogatives. Through these ceremonies a resolution of the hostility between the generations is facilitated and identification with the taboos and values of the group is effected.

In summarizing the literature concerning examinations and examination anxiety, Flugel (6) has shown how certain elements of the motivations described in the initiation rites of primitive peoples survive in the pedagogical and social custom of examinations, particularly in qualifying professional examinations. Apart from this, very little has been written concerning initiation experiences in our culture, in spite of the fact that there has been an increasing interest in the psychology of the latter part of the latency period and of early adolescence.

THE BAR MITZVAH INITIATION

An example of an institutionalized form of initiation at puberty is to be found in the Jewish ceremony of Bar Mitzvah. Jewish boys can undergo two initiations into their faith; circumcision at the age of eight days and Bar Mitzvah at the age of thirteen years. While circumcision is by far the more important rite from the point of view of the religion, the psychological effect of this event cannot be clearly described since we do not know what an eight-day-old infant remembers. The idea of having been circumcised, to be sure, may become very important in retrospective fantasies (15). The state of affairs is quite different, however, regarding Bar Mitzvah, since in this ceremony the central figure is an active, conscious participant who is at the threshold of adolescence.

The essence of the ceremony is as follows: On or about the boy's thirteenth birthday, the father is called to the reader's stand in the synagogue where he pronounces the blessing over the Torah (Law). He then says a short prayer which may be translated as follows: "Blessed (be He) who rid me of this one's punishment." Later in the services the boy is called to pronounce the blessings and to read a section of the Law. Thenceforth the father is no longer considered responsible for his son's moral transgressions and it is understood that the young man assumes the moral and religious obligations of the adults. From that time on the youth may be considered as an eligible adult whenever a group of ten adult males is to be assembled to constitute a quorum for prayer or

other religious observances. He is accorded the privileges of being called to the Law and of wearing a prayer shawl (Talith).³ In addition he thenceforth has the obligation to use phylacteries during the morning prayer.

The purpose of this study of Bar Mitzvah is to examine this institution as an initiation rite, to see how it serves the functions enumerated above in regard to initiation rites in general, and to observe the impact of this affect-arousing experience in its relation to character and symptom development, especially during the pubertal period.⁴

In order to grasp the full emotional impact of the Bar Mitzvah experience, it would be well to describe the details of the celebration in our current cultural context. The essential ceremony may be elaborated according to the social and cultural milieu, the economic status of the parents and their relation to traditional practices.

As the thirteenth birthday approaches, steps are taken to prepare the youth for the part he is to play in the synagogue ceremony; namely, pronouncing the blessings and reading from the Law. If he has not received Hebrew training hitherto, an intensive course of preparation to meet the minimum requirements is undertaken. If he has already received some training, a special tutor or special lessons are arranged for the purpose. In addition to teaching the youngster the essential elements of the ceremony, the tutor instructs him in the application of the phylacteries, the wearing of the prayer shawl and some fundamental religious doctrines. Usually a suitable speech to be delivered at the time of the ceremony is memorized by the initiate. A father rarely prepares his son for the occasion even if he is well qualified to do so.

Frequently, this juncture becomes the occasion for rebellion against the parents. The boy, for various reasons, may refuse to participate in the entire process and may repudiate his parents' authority as represented by the need to go through the Bar Mitzvah initiation.

In any event the need to prepare and to participate in the Bar

3. In some communities the privilege of wearing the prayer shawl was granted a man only when he married (20). The symbolic representation of masculine sexual prerogative by the prayer shawl is made all the more clear by this example.

4. The time and manner in which this ceremony originated is completely obscure since there is no reference to Bar Mitzvah as such in either the Law of Moses or Talmud. For a historical survey cf. Wice (23), Low (13), Rivkind (17) and Schechter (21).

The ceremony of Bar Mitzvah is by no means absolutely necessary in the religious life of the Jew. In spite of this, the ceremony has spread throughout the world. Many of the semiautonomous Jewish communities of the late Middle Ages and early Modern Times passed ordinances which provided fines and other penalties for fathers of eligible boys who were not presented for Bar Mitzvah at the appropriate time. It is striking to notice the ceremony being observed quite regularly in families who are not at all religious or God-fearing.

Mitzvah is usually regarded as an imposition although other secondary motivations, to be described below, may obscure this element. The initiate has to undertake studies from which for the moment his playmates are exempt. He prepares as for a very important examination, with the fear of public humiliation before him should he fail to pronounce the blessings correctly or falter in the delivery of his speech. On the other hand, there is the promise of a celebration and many gifts when the ordeal is over. About this time it is customary to begin to refer to the prospective initiate as "a Bar Mitzvah boy." This appellation means not only that he is in preparation for the ceremony, but also that he has attained a certain level of maturity so that a higher degree of responsibility and performance is expected from him.

The ordeal by recitation finally takes place in the synagogue. Shortly after the father has made the blessings and uttered the short prayer of dissociation, the youth is ceremoniously called to the Law as "the Bar Mitzvah Groom." This striking title is no semantic accident. A bridegroom in orthodox communities was expected to go through the same ceremony the week before his wedding. Throughout his recitation the initiate is observed intently as a young man on trial undergoing a very difficult examination. A sense of compassionate participation grips the audience, especially the boy's mother. With the successful completion of the recitation, the tension is broken. A great sense of relief is experienced by the friends and relatives as well as by the Bar Mitzvah boy who receives the congratulations of the rabbi, his teacher, and his father. In many communities at this point it is customary to shower the boy with nuts, raisins and sweets, apparently as a token of congratulations and good wishes.

AMBIVALENT FATHER-SON RELATIONS IN THE BAR MITZVAH CEREMONY

The relationship of forces on the synagogue platform is very illuminating. As the initiate awaits his turn to be called to the Law, his father is first honored with similar recognition. It is at this point that he recites the short prayer of five words which is unique in Jewish ceremonialism, namely, "Blessed (be He) who rid me of this one's punishment." The words of the prayer are short, sharp, and impart a definite sense of hostility. Even the name of God is omitted from this prayer and the word *pator*, which means to get rid of, conveys a definite connotation of vexation and distaste. In this prayer no direct reference is made to the son who is disparagingly referred to as "this one." It is considered bad luck for the boy to be called to the Law immediately after his father.

During the ceremony, furthermore, the father stands off at a distance and observes his son's performance, while it is the Bar Mitzvah boy's tutor who stands at his side ready to assist him, to correct his mistakes and to supply the words of the prayer which may falter on the lips of the anxiety-ridden initiate. The anxiety felt by Bar Mitzvah boys during the service is traditional and is surprisingly disproportionate to the realities of the situation, for here indeed is one examination in which no one ever fails.

Considerable latitude is permitted the boy to demonstrate his qualifications during the Bar Mitzvah ceremony. He may elect to make this "ordeal by recitation" more rigorous than required. In a cultural milieu which traditionally honors intellectual prowess and learning, the Bar Mitzvah boy, by reading additional sections of the Law or composing an original sermon, may win special recognition and prestige from the congregation. In so doing he has an opportunity to demonstrate his superiority over rivals, inside and outside of the family.⁵

BAR MITZVAH MATURITY—MORAL AND SEXUAL SIGNIFICANCE

What the immediate experience of Bar Mitzvah stands for is made explicit in the speech delivered by the boy.⁶ Usually the speech contains three essential points: First, an expression of gratitude by the Bar Mitzvah boy to his parents for having raised and educated him; second, a somewhat bombastic avowal that "Today I am a man"; third, a promise of allegiance to his people and their ideals. With the completion of the service in the synagogue the boy's mood is usually that of having gone through an ordeal successfully.⁷

The meaning of the Bar Mitzvah boy's assertion, "Today I am a

5. In the past the "examination" aspect of the initiation was even more manifest. In many Jewish communities in Europe it was customary for the initiate to be quizzed by a rabbi on the day of his Bar Mitzvah or to engage in talmudic disputation with his elders.

6. The content of these speeches is fairly uniform and the speech itself has usually been borrowed *in toto* from a standard textbook collection of speeches. This is no recent innovation. Books of this sort dating back more than one hundred and fifty years have been preserved.

7. He is the center of congratulations and celebration and the recipient of many gifts. If the grandfather is alive he most likely will present the boy with a set of phylacteries and a prayer shawl. In this respect the grandfather fulfills the function which Ernest Jones (9) described. In our society certain gifts have become characteristic for this occasion, namely, a fountain pen, a watch, books or jewelry. The grave proclamation of "Today I am a man" and the fountain pen gift have been linked humorously but tellingly to the Bar Mitzvah celebration.

man," may seem obscure. In our society certainly, the attainment of the age of thirteen brings with it no truly adult privileges and this probably was the case in the past as well.⁸ In spite of these facts, however, this element is so characteristically a part of the Bar Mitzvah celebration that no distortion or rationalization can obliterate it. Even those initiates who deliver no speech are invariably congratulated with the reminder, "Today you are a man." It is only in the biological sense that this statement has any element of validity. It is the transition to sexual maturity as we shall see which furnishes the affective core of the celebration. How this element is appreciated can be observed with utmost clarity in the study of the reactions of women, as one perhaps might have anticipated.

An eight-year-old girl when asked, "How did you like your brother's Bar Mitzvah?," sighed, and with sober gravity gave the following reply: "Years ago when I was a little girl my brother got a watch for a gift. I was terribly jealous and I wanted one too. When his Bar Mitzvah came, I became jealous all over again, but when I saw what they made him go through, with all that studying, I said to myself, 'He can keep it. It's not worth it. I'm glad I'm a girl.'"

An eleven-year-old girl who was intensely jealous and hostile toward her thirteen-year-old brother used to say, "I wish I were a boy. I'd grow up and I'd do all kinds of mean things to girls." At his Bar Mitzvah party she had a temper tantrum, threw herself upon the floor, and insisted upon sitting in the place of honor which had been reserved for her brother.

During her analysis, a woman patient, T., had the following dream: "I saw myself in a blue serge tailored suit." Her associations to this dream were: She had been shopping for a dress to wear at her son's Bar Mitzvah. Her brother, eighteen months her junior, had worn a blue serge suit when he was Bar Mitzvah. She felt jealous and excluded at the time because the celebration drew her brother and her father together. Her mother had been dead for many years. She was curious to find out what the men were doing together in the vestryroom of the synagogue after the service. When the men left she stole into the room and discovered that they had been drinking whisky. Overcome by envy and curiosity, she drank some too. The liquor burned her mouth and throat and she began to cough. She recalled how when she was very young her aunt caught her at a game which she had induced her brother to play. In this game she took his genitals into her mouth. She felt very guilty when caught at this play.

Her reaction to the Bar Mitzvah celebration was, "They are giving him a penis but I do not get any." These unfulfilled yearnings were restimulated by the experience of preparing for her own son's Bar Mitzvah. In the dream her

8. In European communities of the past, occasionally engagement and even marriage followed Bar Mitzvah almost immediately, but this was by no means the rule. The traditionally accepted age for marriage was eighteen.

frustrated wishes are depicted as already fulfilled. In her associations she demonstrated how she unconsciously hoped to set things right, namely, by an aggressive castrating act of oral incorporation. She unconsciously equated her brother's Bar Mitzvah recitation with phallic exhibitionism.

The transition to sexual maturity, as we know, arouses once again conflicts originally associated with the oedipus complex. Although not as dramatic and as definitive as the menarche in girls, the Bar Mitzvah ceremony serves as a sharp reminder to the boy of his new biological status and forces him to re-examine his attitude toward his masculinity. This attitude is an ambivalent one. Over the triumph at the approach of man's estate falls the shadow of the feared hostility of the older generation. Although secondary motivations, dependent upon the specific life situation, may obscure this element, the feeling that the Bar Mitzvah ceremony is a hostile imposition is almost always present.

One boy, for example, when told that it was time to prepare for his Bar Mitzvah, said, "Why do I have to do it? My sister won't have to go through it. She's always been having things easier than I, just because she's the baby of the family."

Under similar circumstances another boy said, "Just because I am the oldest I have to do everything first. I am always clearing the way for my younger brother."

To a third patient who wet the bed until the age of fifteen and who had never been quite sure of his masculinity, Bar Mitzvah came to represent any humiliating occasion which he could not control. During a session in which he was expressing his feelings of chagrin at having to implore a Credit Bureau to rescind an unfavorable credit rating which they had issued concerning his business, he said, "So I put on my blue Bar Mitzvah suit and hat in hand I set out to see the First Vice-President."

SYMBOLIC CASTRATION

Except for the father's short prayer of riddance the exercise of the ceremony bears no manifest evidence of the hostility of the older generation. This hostility emerges from repression, as it were, in certain customs practiced years ago in other countries. A number of communities decreed that Bar Mitzvah boys were to fast on the day before the ceremony. In others, the boy was required to wear his phylacteries for a full day (17, p. 68). Most striking of all the customs, however, was the practice in vogue among the Jews of North Africa. "When they [the guests] were all assembled a barber was summoned who shaved off the hair of the heads of the Bar Mitzvah boy and his friends. Every adult

male who attended contributed a coin to the barber in payment for his services."⁹ This example demonstrates almost every aspect of the initiation rite of the primitives, especially the symbolic castration not only of the Bar Mitzvah boy himself, but of his generation of "blood brothers" as well. It is striking, moreover, how these impulses which find discharge in a communal custom may under appropriate circumstances reappear in the spontaneous acts of isolated individuals.

An older brother and cousin who were keenly aware of the competitive strivings of the younger brother taunted him some months before his Bar Mitzvah by saying, "So he's going to be Bar Mitzvah. Look who's going to be a man. Let's pounce on him and see if he has any hair growing around his penis." They promptly proceeded to do so. This act which on previous occasions had constituted a humiliating assault for the younger brother was at this time resisted only half-heartedly, for he knew, with secret pride, that his pubic hair had already begun to grow.¹⁰

SUCCESSFUL RESOLUTION OF OEDIPAL CONFLICTS AT BAR MITZVAH

The sense of kinship which exists among fellow initiates is expressed in many customs in which the Bar Mitzvah boy and his friends receive special recognition as a group and embark together upon the exercise of certain hitherto forbidden privileges. The North African Jewish boys whose heads were shaven were permitted to go out as a group in the evening and spend without restriction all the gift money which the Bar Mitzvah boy had received. In other communities on this occasion a special party was arranged for the Bar Mitzvah boy and his friends at which they were allowed to stay up all night and drink as much wine as they pleased even to the point of intoxication. The connection between such new prerogatives and their unconscious sexual equivalents may become evident from the following material.

A boy who had just gone through Bar Mitzvah initiated his cousin who was about to do the same into the practice of masturbation. His approach was, "You are old enough. It's about time you had some fun." When they masturbated together they both felt less guilty.

9. Israel, Joseph Benjamin II, *Eight Years in Asia and Africa*, Hanover, 1858, cited by Rivkind (17).

10. This form of assault is a variation of a rather common form of "initiation" practice among pubescent boys in the New York Metropolitan area. The full initiation practice consists of pulling down the victim's trousers and spitting upon his penis. Other similar practices have in common some element of humiliation to masculinity, symbolizing castration.

As a member of a Bar Mitzvah class of two, patient U was able to overcome much of the guilt associated with competitive victory and sexual equality with the father. Competition and comparison were two of the predominant themes of his early formative years. He was the first of three children. The trauma of being ousted from the position of the only child when his sister arrived was more than duplicated when his younger brother was born. Several weeks after the arrival of the younger brother, his mother took into her household the family of her recently deceased sister. The competitive antagonism which U felt for his own siblings was sharpened and widened to include these usurping substitute siblings as well. It was with the greatest difficulty that the patient could keep in restraint his merciless antagonism. Fantasies of destroying his rivals and competitors with utmost violence persisted in consciousness throughout his life. On every possible occasion he accented his position as the oldest, the first male, and the most advanced in his studies. He as well as his siblings were outstanding students. This competitiveness was fostered further by the mother who was an active, courageous, assertive and dominating figure. While raising six children from two families, she managed to hold down a job even in the depths of the depression. It was her initiative which kept the family going. While the unemployed father brooded hopelessly, she kept working and managed to find avenues which ultimately led to her husband obtaining employment. The patient was seven years old at the time and was able to appreciate the resigned weakness of his father in comparison to the confident activity of his mother.

In the year before his Bar Mitzvah he became acutely aware of his disappointment in his father. He saw him as an unsuccessful, ineffectual, foreign-born laborer. He realized that his own career held promise of much greater achievement. The knowledge that he would outstrip his parent filled him with contempt for him but at the same time made him feel guilty and depressed. During this period he began to masturbate, a practice which he confided in no one.

In the person of the new rabbi of the congregation he found a superior father substitute. This rabbi had been born in South Africa and educated in England. His bearing was proud and erect, his dress impeccable, and his speech and accent were flawless. To this elevated father figure the patient became most devoted. For the sake of the rabbi he changed from a rebellious street urchin who used to steal from a fruit store to a serious-minded boy who went to work running errands and doing odd jobs in the same store. The patient could not, however, give up the practice of masturbation and continued the practice with a feeling of great guilt.

As it happened the patient and another boy were due to have their Bar Mitzvah at the same time and their parents had both engaged this rabbi to prepare their sons for the ceremony. The rabbi taught them their lessons at his home in a class of two. Frequently the rabbi would assign them a certain amount of work while he left the room for a period of time. During these intervals, the boys became fast friends and spoke to each other about their feelings concern-

ing Bar Mitzvah and growing up. They exchanged confidences and were both relieved to know that the other had also masturbated. They thereupon agreed that after each session they would go up on the roof of the rabbi's house and masturbate together. They followed this practice regularly, their common participation in this new-found sexual activity helping to alleviate their individual guilt. While masturbating they would often exclaim, "Oh, if rabbi X only knew what were were doing behind his back!" Together they were able to overcome their fear of the rabbi, the new ego ideal whose disapproval served to inhibit their individual enjoyment of sexual activities. After the Bar Mitzvah the patient continued to masturbate but by himself and with fewer conscious guilt feelings.

Bar Mitzvah marked for this patient a definite turning point in his relationship to his father and to his own set of values. Following the ceremony, the patient became intensely interested in religious observance and in Jewish culture. Taking the rabbi as his model, he felt morally and intellectually superior to his father who knew much less than he did about Judaism and who was not at all interested in religious observance of any kind. Although before his Bar Mitzvah the patient had had feelings of guilt and depression concerning his changing status toward his father, following Bar Mitzvah he no longer felt this way.

In certain respects, therefore, the Bar Mitzvah ceremony accomplished its "unconscious" purpose. As the result of this initiation, the patient was able to begin the process of detachment from the authority of his father. In this transition to independence and equality the rabbi served in the role of a temporary intermediary, whose acceptance as a superior father substitute constituted for the patient a socially sanctioned repudiation of the father and therefore less fraught with guilt.

The close link between the initiation into religious prerogative and sexual privilege may on occasions become almost conscious.

A boy to whom sexual indulgence represented a great threat because he had only one testicle, was also a particularly poor student. It was necessary, therefore, that he receive very special preparation in order to go through the Bar Mitzvah ceremony. He had a cousin, six years his senior, whom he admired greatly. The parents asked the cousin to prepare the boy for Bar Mitzvah. The boy was impressed with his cousin who appeared to know everything. He was particularly interested in his cousin's college studies. The cousin was majoring in chemistry. During the period of preparation, a warm bond arose between the tutor and the pupil. After some inner struggle, the boy decided to ask his tutor about sex, a problem which was bothering him very much at this time. At the last moment, however, his courage failed him and he asked his cousin instead to demonstrate and to explain to him the flame which is produced when alcohol is set on fire.

UNSUCCESSFUL RESOLUTION OF OEDIPAL CONFLICTS AT BAR MITZVAH

The affects mobilized by the experience of Bar Mitzvah may upset the equilibrium within the ego and make necessary new measures of defense. This may result in symptom formation and/or characterological changes.

For example, as Z approached Bar Mitzvah, an older cousin, who had preceded him by several months in this rite, introduced him into the practice of masturbation with the assurance, now that the patient was about to become a man, he should feel free to enjoy the pleasures of sex. In addition to masturbating together, the two cousins arranged to exchange younger sisters for the purpose of sexual play. This introduction to masturbation marked the beginning of a protracted struggle between temptation and guilt feelings concerning the practice. In later years when Z learned that the older cousin had grown into a sick-looking, emaciated adolescent, he was convinced that this was due to masturbation.

Throughout the period of the preparation and during the ceremony, Z felt great anxiety that he would fail to perform adequately by forgetting some portion of his speech. During the speech he was overcome by emotion. When thanking his mother for her devotion and tenderness, he began to cry and had difficulty in finishing his address. He was also acutely aware of missing his grandfather who had died some time before.

Following Bar Mitzvah, for a period of six months, he became intensely religious.¹¹ He prayed with his phylacteries every morning and on Saturdays would walk several miles to the neighboring town in order to attend services in the synagogue. There was a synagogue in his own town, a town to which his parents had moved immediately following the Bar Mitzvah. The patient insisted, however, upon worshiping in the old synagogue, the one in which he had been initiated into his religion. This degree of religious observance was entirely out of keeping with the practices and the traditions of Z's family. When his father, who actually was mainly concerned with the weekly six-mile walk which his son had undertaken, questioned Z about this practice, the boy became indignant. He felt that his father was undermining his faith and he told him angrily, "You wouldn't understand anything about such matters."

Application of the phylacteries and devotion to synagogue attendance, Z felt, would help him overcome his temptation to masturbate. This temptation had by this time become an ever-present preoccupation. While walking to the synagogue on Saturday he would engage in obsessional rumination over the idea, "What if a big storm were to blow up now? Should I, or should I not, give in to temptation and take the trolley, thereby desecrating the Sabbath?"

11. This is a very common development. In a certain sense, the debt of guilt upon achieving manhood is not paid off in full at the time of Bar Mitzvah but is amortized in small doses over a period of several months following the Bar Mitzvah.

This period of intense religious observance, entirely out of the familial context, was in effect the equivalent of a transitory obsessional neurosis. When this period came to an end, definite obsessional compulsive trends became manifest in regard to orderliness, punctuality, etc. He developed a remarkable ability to recall dates, names, places, and time, minutely. One aspect of this trend was linked in a striking way to examinations. At college Z kept a very detailed record of every quiz or examination together with the date and grade, in a subject in which he felt a very special need to achieve competitive success. Before examinations in this subject, he would feel especially anxious to the extent that he would route his roommates out in order to be alone to study. When alone he would often masturbate "in order to relieve anxiety," but if he did not get a perfect grade on the examination, he would blame it on the masturbation. His record, in general, and in this subject in particular, was very superior, but the circumstances surrounding this particular course were such that it could be directly connected with guilt concerned with competitive victory over his father.

Clinical studies of examination phobias demonstrate how in competitive situations, where one is called upon to prove oneself, guilt arising out of hostility toward the examiners (or competitors) and the fear of retaliation and punishment may inhibit the candidate and prevent his optimal performance. In the presence of strong self-punitive or masochistic trends, the examination situation may unconsciously present the individual with a tempting opportunity to fail (1, 3, 4).¹² Failing an examination, together with the humiliation which the student experiences, is often unconsciously equated with being castrated. In the analyses of such patients, it has been shown how the examiners are unconsciously identified with the father image of the oedipal phase. The privileges to which one is entitled upon passing the test are equated with paternal license and as such come to be linked with incestuous wishes. Since succeeding in an examination may come to represent equaling or triumphing over the father, passing an examination may be fraught with the danger of castration.

These conflicts, which among primitive peoples are frequently discharged in a massive, cathartic way during the initiation period, play a role in the psychology of certain Bar Mitzvah boys, especially those with examination phobias.

For a patient of this kind, the Bar Mitzvah experience epitomized the essence of his neurosis. The day before he was to take an examination for a professional license, Y slashed both his wrists and cut his throat. His life long complaint and self-reproach was, "Why can't I be a man?" He endured the agonies of the Bar Mitzvah initiation many times every day. In school, in business, in

12. Cf. also E. Bergler, quoted by Flugel (5, 6).

love, in every competitive endeavor, he saw himself on trial to succeed and prove his worthiness, or to fail and be condemned to eternal inferiority. Actually, the unconscious wish to fail was very great due to an unresolved ambivalent attachment to his father, an attachment which expressed itself in the course of the analysis in a fantasy of identification with Jesus being crucified.

Two elements which figure importantly in the Bar Mitzvah rite were of special significance to this patient; namely, facility in declamation and intellectual prowess. The patient was the first son born to an unlettered immigrant pushcart peddler. Five daughters had preceded him. When the patient showed very early that he possessed exceptional intellectual endowment, his father prophesied proudly, "This will be my Doctor of Philosophy." The adulation which he received from his father also made him feel guilty. On a summer evening during his seventeenth year, for example, while leaving for a date immaculately dressed in a cool linen suit, the patient met his father returning from work, grimy with sweat and dirt. The father surveyed his son with tired but adoring eyes and exclaimed, "Hello, Sport." The patient could hardly restrain his tears and the evening's fun was ruined by a gnawing sense of guilt.

The patient turned out to be a self-defeating, miserable failure, who disappointed everyone's hopes, especially his own. He had been unable to master the guilt and anxiety arising out of his oedipal wish to kill and castrate the father and to identify himself with the father and his penis through an act of cannibalistic incorporation. A defensive regression to pregenital libidinal levels and an unconscious passive feminine identification proved inadequate to master his castration anxiety. The conflicts and defensive attitudes which originated in relation to the father were repeated in almost any rivalry situation, especially those involving authority figures.

When the analysis reached the point where it was possible to show the patient that he was subverting his own success in his business, intellectual activities, and love life, in order to avoid taking an active masculine role, the patient had the following dream:

It is the day of my Bar Mitzvah. I run away from the synagogue, throwing off my talith [prayer shawl] as I do so. My rabbi is chasing me. He tries to get me to go to the platform and read from the Torah [the Law] but I won't do it.

This dream depicted the patient's reaction to the anxiety aroused in him by what he construed to be the analyst's attempts to force him into an active masculine role; that is, to make a man of him. From the associations the following pertinent material will be quoted:

His Bar Mitzvah was a very special occasion for his family as well as for himself. Since he had a fine style and a good delivery, he looked forward to making the Bar Mitzvah speech he had written. His ability to recite poetry used to delight his admiring older sisters. A fantasy which he frequently entertained was to see himself as a university professor (the Doctor of Philosophy), lecturing

from the platform before a group of adoring women.¹³ When the time came for him to make his Bar Mitzvah speech, he suddenly felt weak and anxious. He said, "I botched up the speech. I skipped whole paragraphs and stumbled over important passages. My father was sitting in the front row staring up at me. He got me all unnerved."

The talith (prayer shawl) he associated with a penis because of its dangling fringes. The casting off of the prayer shawl, therefore, equaled castration which he connected with his slashed wrists and his "botched up" professional career. He said he would never be admitted to the profession; he would never become a father; he would never be a man. He had previously identified himself with a character in a novel, a weakling scion of an illustrious family who surveyed his genealogical chart and realized that he was the sole male through whom the family's name could be perpetuated. With dramatic deliberation, this weakling drew a double line under his name to indicate that with him the family would come to an end. He would have no children.

From the symbolism of this dream it is clear that for this patient at least, the Bar Mitzvah privilege of access to the Torah (Law) is unconsciously equated with access to a woman. Certain traditional attitudes would suggest that this equation may have a more general application. It will be recalled that the Bar Mitzvah boy is ceremoniously called to the Torah as a bridegroom and that in orthodox communities a bridegroom customarily went through the ritual of being called to the Torah before his wedding. The association between Bar Mitzvah and marriage recurs repeatedly in popular as well as religious writing and thinking. At the festival which marks the termination of the reading of the Torah and its immediate reinauguration, the last person called to the Law is referred to as the bridegroom of the Torah. In talmudic, midrashic and cabbalistic literature are to be found many references to the Torah as a bride or a beloved woman.¹⁴ In the dream

13. The material of the analysis had demonstrated the connection between his interest in writing and declamation to phallic exhibitionism and to the concept of the whole body as a phallus (12).

14. "She [the Torah] may be compared to a beautiful and stately maiden who is secluded in an isolated chamber of a palace and has a lover of whose existence she alone knows. For love of her he passes by her gate unceasingly and turns his eyes in all directions to discover her. She is aware that he is forever hovering about the palace, and what does she do? She thrusts open a small door in her secret chamber, for a moment reveals her face to her lover, then quickly withdraws it. He alone, none else, notices it; but he is aware it is from love of him that she has revealed herself to him for that moment and his heart and his soul and everything within him are drawn to her. So it is with the Torah which discloses her innermost secrets only to them who love her. . . . When finally he is on near terms with her, she stands disclosed face to face with him and holds converse with him concerning all of her secret mysteries and all of the secret ways which have been hidden in her heart from immemorial time. Then is such a man a true adept in the Torah, a 'master of the house', for to him she

mentioned above, the patient repudiated his right to ascend to the Torah as vigorously as he had renounced his rights to fatherhood and professional success, all of these having come to represent, for him, the fulfillment of unconscious incestuous as well as parricidal wishes.

SIBLING RIVALRY IN BAR MITZVAH PSYCHOLOGY

Those who prepare for a professional career experience the crossing of critical boundaries repeatedly. In these instances, the unconscious rivalry with the father may be fused with conflicts relating to older siblings and colleagues. The reaction to the Bar Mitzvah may constitute for such individuals the prototype for subsequent crucial initiation experiences.

Such was clearly the case with patient X who transferred into the realm of intellectual endeavor the rivalry which he had earlier experienced in the field of sexual competition. As the youngest sibling, he felt hopelessly outclassed by his father and brother. He was completely overawed by his father whom he saw rather infrequently. His older brother and sister excluded him from participating in their sexual games although they did permit him to watch their activities. As he did so he sensed very keenly his inferior status. A screen memory connected with this theme was the recollection of observing his older brother lift a heavy bronze lamp with his teeth to the admiration of his sister and the envy of the patient. His tendency to withdraw from situations which he could not master was reinforced by his castration anxiety as well as by the fear of his aggressive mother and sister. Until his analysis he retained a false recollection of having been injured seriously during childhood. Unable to assert his masculinity effectively in reality, he harbored heroic rescue fantasies in which he killed his rivals and won the love of a gracious woman. Because of his guilt and fear, however, he turned toward his older brother in a protective dependent attachment. When he realized that he could compete successfully with "siblings" scholastically, he wanted desperately to surpass his brother. The unconscious implications of this rivalry made him feel very guilty. This feeling was aggravated by the hostile attitude of the older brother who rejected him, charging, with justice, that the patient, the mother's favorite, had usurped his place in their mother's affections. As a measure of revenge the older brother persistently

has uncovered all her mysteries, neither keeping back nor hiding any single one. . . . Hence should men pursue the Torah with all their might so as to come to be her lovers as we have shown" (22). One of the main arguments advanced by the rabbis for the inclusion of the sensuous poetry of the Song of Songs in the Holy Canon was that the poetry was allegorical. The beloved and beautiful Shulamith, they said, was the Torah, and her lover represented Israel. Literally, the Torah means learning and it stands for knowledge in general.

undermined the patient's confidence by calling attention to his immaturity. X, even in his adult life, could never feel secure in his manhood.

Although X was five years younger than his brother, he was keenly interested in his sibling's school books, perusing them avidly when he got an opportunity to do so. The brother retaliated by forbidding him repeatedly to look at the books and by placing under lock and key the many fascinating books which he had received as gifts on the occasion of his Bar Mitzvah. The key to his brother's bookcase was a much sought-after prize. When he found it, X would enjoy the surreptitious delight of poaching on his brother's intellectual domain.

For a few months during his eleventh year, X changed from a compliant youngster to a reactively defiant one. He stopped doing his school work and in the company of a somewhat older playmate embarked upon a series of petty thefts. He barely escaped being caught when he stole the fountain pen of the "captain" of his class, a boy whom he envied greatly. These thefts culminated in the patient's stealing of a book belonging to a boy several years ahead of him in school. X's brother found him reading the book and knew immediately that it could not be the patient's. He concluded correctly how X had come by the book and made him return it to its rightful owner. With this event the stealing period came to an abrupt end. Shortly after this, X became very interested in his Hebrew school work and began to observe religious practices very strictly although his home was not at all a religious one. Soon after Bar Mitzvah, the older brother had stopped going to Hebrew school. Since his rival had withdrawn, X was determined to shine in this field. This was a characteristic pattern which resulted in X being inhibited in any studies with which his brother remained identified. As a result of this tendency, it was discovered in the analysis, X would unconsciously spoil his grade in final examinations in these subjects through careless oversights. The stories of Cain and Abel and Jacob and Esau were recurrent themes in his analysis.

The Bar Mitzvah initiation was experienced by X in terms of rivalry with his brother. The ceremony was celebrated on a grander and more ostentatious scale than had his brother's. For X, the Bar Mitzvah ceremony served as an exhibitionistic foray against his brother, demonstrating among other things how much more he had achieved in his studies. He read several additional portions of the Torah and composed a long speech which made a great impression upon the guests. In recalling these events, X had no recollection of his brother having been at the celebration, although it was obvious that he must have been there.

Certain events in connection with the actual celebration are noteworthy. During his reading of the Torah, this very religious boy kept mispronouncing—of all things—the name of God. After the services the rabbi congratulated the boy and they drank a toast together. X took the liquor into his mouth but could not swallow it. He had never had any whisky before and he lacked the courage to try it now.

His older brother helped him celebrate the Bar Mitzvah by taking X to his first Broadway show. X passed the station and came late for the performance. In

the theater, in a spirit of fraternal permissiveness, the brother called X's attention to the fact that the girl in the row behind them in the balcony was sitting in such a way that one could see way up under her skirt.

The experience of the Bar Mitzvah was the patient's first clear-cut competitive victory over his brother. The conflict between his exultant victory and his guilt feelings characterized almost every other transition experience. At his graduation from high school, for example, the patient felt very depressed. He had had a very superior record and had achieved rewards and recognition which his brother had not. X went to the same college to which his brother had gone. When he completed an important set of qualifying examinations he celebrated the event much as his brother had helped him celebrate his Bar Mitzvah. He went for the first time to a burlesque show. In the company of the mother and his brother's fiancée, X attended his brother's graduation. This was the first academic degree bestowed upon a member of the family and the exercises left a great impression upon the patient. At his own commencement from the same university two years later, when X was being graduated with honors, he turned in his cap and gown immediately after the ceremonies and before his mother and sister had an opportunity to admire him in his academic attire. Subsequently, in an important professional examination, because of his guilt feelings, X meticulously, but unconsciously, arranged his own failure. To X, Bar Mitzvah and every subsequent graduation situation represented a guilt-laden usurpation of his brother's prerogatives. As in the case of the previous patient, this was related to unconscious fantasies of killing and castrating the rival and of enjoying unchallenged the fruits of victory; namely, the mother's love.

For all the male patients who have been presented the fact that Bar Mitzvah represents an ordeal by examination was particularly pointed because they were all professional men who experienced so much of their competitive life in terms of intellectual rivalry.

It is by no means unusual for sons of irreligious or antireligious parents to insist upon being Bar Mitzvah, contrary to the wishes of their parents. Unfortunately, no clinical data on such a situation have been available to me. One patient in analysis, however, did reproach his dead father for not having had him go through the Bar Mitzvah ceremony. He interpreted his father's failure to do so as evidence of hostility toward the son's maturing prowess. This fear of paternal retaliation for competitive success contributed to the patient's symptoms of impotence and examination phobia. Although he had been graduated from professional school with the highest record in the history of the institution, the patient, before analysis, had been unable to extricate himself from the self-defeating habit of attaching himself in a second-rate position to professional father figures. He sought in the analysis what he felt Bar Mitzvah might have given him—permission to repudiate the authority of the father, assurance of being accepted as an equal.

CONCLUSIONS

In the Bar Mitzvah ritual two elements are fused, a conscious religious component of induction into Judaism and a more general unconscious component of transition to sexual maturity. Because of the powerful affects connected with it, this latter, biological event can be utilized as the occasion for strengthening the affiliation of the developing young man to the historic traditions and values of the group or community; that is, to the values of the father generation and those which preceded it. Bar Mitzvah therefore represents an institutionalized experience, tending toward the resolution of ambivalent feelings derived from the oedipus conflict in a manner compatible with the demands of the social order. During the ceremony, communal sanction is given the initiate to repudiate the authority of his father. This could help the boy overcome the guilt and fear connected with becoming a man, a necessary step in the development of psychological maturity and independence. But where the authority of the father leaves off, obligation to the community and its ideals takes over. Thus the father image, so recently cast off, re-emerges on a new and more elevated plane. This is often represented in the person of the rabbi who at the Bar Mitzvah ceremony welcomes the boy into manhood but at the same time thunders at him the obligations to the Jewish community.

In actual practice, the Bar Mitzvah initiation is not nearly as effective as its counterpart among primitive peoples. What the experience actually accomplishes for the individual boy depends primarily upon his previous development. Bar Mitzvah is really only one of the turning points, albeit an exceedingly important one, in the vicissitudes of the oedipal conflict. Generally speaking, in our cultural context in which religious observance is minimal, the most common reaction is for the boy to adhere to some of the rituals, notably praying in the morning with phylacteries, for a period of weeks or perhaps months. At the end of this time in a spirit of rebellion he proclaims that he is fed up with this burdensome task and puts aside his phylacteries forever, thus becoming the equal of his father in the nonobservance of the commandments. As his father had defied the authority of his elders, the boy now does the same. In the exceptional situation where the father adheres strictly to religious practice, this act of repudiation on the part of the boy is much more dramatic and weighty in its significance.

From the material presented it is possible to observe several different attempts to resolve the ambivalent conflicts which Bar Mitzvah epitomizes. In one instance, a temporary allegiance to an idealized substitute father image, the rabbi, served as a transitional figure in the

process of detachment from the authority of the father—a rather common phenomenon in the psychology of adolescents. For those individuals whose anxiety over casting off the authority of the father is very great, the Bar Mitzvah experience may suggest a way out in the form of renewed submission to an exalted father image—God. In one case, this religious observance was an intensely ambivalent one, fraught with anxiety and hardly distinguishable from an obsessive-compulsive neurosis. In another instance, a prolonged period of religious adherence which followed Bar Mitzvah signified a passive masochistic character formation. The unconscious substitution of the right to acquire knowledge for the prerogative of sexual practice indicates an additional solution which Bar Mitzvah suggests.¹⁵ Sexual and aggressive energies may be channelized into study and the acquisition of power through knowledge. This is a particularly favorable way out consistent with the demands of a society in which there is a considerable time lag between sexual maturity and sanctioned heterosexuality. Certain authors have demonstrated how book learning may have either masculine or feminine meaning to the individual (11), but in the context of the Bar Mitzvah initiation the prestige of learning as a masculine attribute is clearly pre-eminent, reinforced by, and at the same time re-enforcing, a tradition of esteem for learning in which the heroes are the heroes of the intellect.

The dawning manhood of the primitive youth was signaled by the gift of a spear; the Jewish boy at his Bar Mitzvah gets a fountain pen. While the unconscious phallic significance of these gifts remains unchanged, their application in the social setting is quite different. That the same affect-arousing situation, namely, the transition to sexual maturity, should be celebrated with such different symbols is a measure of the change in social values.

The dual aspect of Bar Mitzvah—the fusion of a religious component of induction into Judaism with an unconscious but more general component epitomizing the ambivalent attitude which holds true in the relations between the generations—may perhaps provide the solution of a number of puzzling sociological problems posed by religious educators and rabbis. Despite the progressive deterioration of the religious significance of the Bar Mitzvah ceremony, the demand of

15. Another element represented in Bar Mitzvah is the separation of the young boy from his mother and the rupture of the passive attachment to her. This was richly borne out by clinical material which could not be included in this study. Róheim (18) and Nunberg (15) have both stressed this element in the psychology of circumcision and puberty rites. The Bar Mitzvah initiation into the masculine prerogatives of religious study and ritual would indicate how Torah is used not only as a substitute for, but also as a diversion from, women and sexuality.

Jewish parents to have their sons undergo Bar Mitzvah has abated only slightly (2, 20). This phenomenon is all the more striking when one considers the fact that most of these parents are not at all religious and not particularly interested in Jewish learning. Reformed Judaism attempted to eliminate Bar Mitzvah entirely and to substitute for it a more meaningful confirmation service open to both sexes and taking place at a somewhat later age than thirteen. Reformed rabbis report nevertheless that requests for the Bar Mitzvah ceremony continue as numerous as before. Bar Mitzvah furthermore is celebrated in radical labor and Zionist circles with an elaborate ceremony which omits reference to God or religion entirely (17, p. 72). It seems plausible to suppose that we must attribute the persistent vitality of the institution of Bar Mitzvah to this sexual element, to the representatives of the conflicts connected with arriving at sexual maturity. These conflicts are universal and are experienced from one generation to another with undiminished intensity.

For psychoanalysts the study of the reactions to the Bar Mitzvah experience may furnish valuable insight into the dynamic interplay of the feelings growing out of the oedipal conflicts as they appear during the crucial years of puberty. There seems to be a special affinity between significant Bar Mitzvah conflicts and the later or concurrent appearance of examination anxiety.

Finally, clinical material demonstrates that the Bar Mitzvah assertion of religious manhood is unconsciously understood by the Bar Mitzvah boy and the members of the community in terms of physical, sexual maturity. From the metapsychological point of view, libidinal and aggressive energies of the id are neutralized and placed at the disposal of the superego. The initiate renounces remnants of his oedipal wishes for the demands of the developing superego, namely, group loyalty and studiousness.

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A REVIEW OF CONTRIBUTIONS TO A PSYCHOANALYTIC THEORY OF ADOLESCENCE

Individual Aspects

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In *The Three Contributions to a Theory of Sex* Freud delineated the basic psychological changes of adolescence. These consist in the full attainment of genital primacy over pregenital sexual drives. Under normal conditions, pregenital sexuality remains confined to providing forepleasure, thus contributing greater forcefulness to the genital act. Furthermore, the process of nonincestuous object finding, initiated by the reanimation of the oedipus complex in prepuberty and puberty, comes to a completion during adolescence.

Since 1904 a number of psychoanalytic papers have dealt with adolescence mainly as with a new edition of the oedipus complex. They fail to consider that the reanimated oedipal strivings now impinge on an ego which has "dimensions, contents, capacities, dependencies different from those of childhood" (19). Yet this very interaction between the oedipal strivings and the now matured and developed ego is the source of the manifold new but unclassified manifestations of the adolescent personality. The viewpoint that equates the origin with the ultimate manifestations has been, in part, responsible for the relative lack of psychoanalytic investigations of the problems of adolescence. Yet, there is no doubt that the development of personality continues beyond the period of the original oedipal conflict. Thus Hartmann, Kris and Loewenstein (25) point out: "We feel that the potentialities of its transformation [personality] throughout adolescence have for some time been underrated in psychoanalytic writings."

Adolescence is not a simple repetition of the oedipal and post-oedipal period. For the first time, the psychic apparatus has at its disposal genital sexuality with adequate discharge for sexual tension.² The

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2. I neglect here Kinsey's (and others') description of a number of cases of apparently adequate orgasm from infancy on through preadolescence (52). This type of dissociation of orgasm from ejaculation, although of great interest, is of such rarity that it cannot be considered here. In general, adequate sexual discharge is coupled to ejaculation.

complete meaning of this change is unknown, but it alone is sufficient to stamp the phase of adolescence as something new and not a duplicate of an earlier age.

After the child has passed through the oedipal phase, he enters a latency period, whereas the puberty child is to become sexually active and competent. At this time, a sharp separation of masculine and feminine takes place and through the detachment from incestuous objects, the categories of older and newer generation begin to receive their full psychosocial significance. Problems of "ego identity" (12, 26) with intricate social and unconscious reverberations become of acute importance. Social mobility in connection with adequate instinctual gratification and defense becomes significant (9, 10).

The intellectual scope of the adolescent is to be enormously widened.³ The precision of rigid art forms, built up during latency, often dissolves. Creativity receives a massive stimulus and daydreams occupy a greater area in mental activity.

In general, the plenitude, scope and variety of adolescent personality, achievement and interest, contrast impressively with the "expectedness" of earlier times. Even the psychosis of the adolescent is atypical and difficult to diagnose, for he has not yet "learned" to limit his illness to well-recognized psychiatric syndromes.

As the years pass, the adolescent hardens into a "type" more or less recognizable. One gets the impression that in adolescence, the personality is melted down, becomes molten and fluid, and ultimately hardens again into what is to remain as the characterological core. Before that hardening, it appears that the ego's habitual relations to superego, id and external reality are frequently overthrown. If this process does not take place to some extent, if the ego remains rigid in the face of the new demands of the id, a premature setting of the personality mold with subsequent impoverishment of the emotional life will result (19).

Classifications of Adolescent Phenomenology

In describing the great variety of phenomena, usually attributed to adolescence, one wishes for a focal point, a point of orientation. However, to quote Bernfeld:

Adolescence is less well understood from the viewpoint of psychological and sexual development than childhood. One of the reasons for the insufficiency of scientific literature on this period of life is to be found in the *great multi-*

3. Piaget's illuminating research on the intellectual development up to pre-puberty has not been carried forward into adolescence.

plicity of phenomena in this age. Adolescence manifests itself in various areas: physiological, psychological and sociological. Confronted by the enormous variety of individual, social, cultural, historical and physical differences in the group, one is tempted to question the validity of classifying all these manifestations under the one heading of adolescence (3).

In our search for a frame of reference, our first automatic reaction is to turn to the already established psychoanalytic characterology. Its usefulness in actual clinical practice appears limited to precisely those adolescents who make a prematurely mature impression; for example those who are already frozen into a compulsive type of personality.

To meet this difficulty, Wittels has developed a schema of adolescent ego development or evolution (41). He postulates a second phallic phase, a second latency period, and finally the stage of the mature ego. Experience will show how much this schema corresponds to observed data, and how helpful it is for surveying adolescent phenomenology.

Bernfeld has grappled with the same problem in a series of illuminating papers (3, 5, 6), which unfortunately do not seem to have found sufficient recognition by other investigators of adolescence. In the first two papers, he attempts to describe two types of adolescents among the manifold forms. He bases his classification on their different reactions to the libidinal changes of puberty. An excerpt will make his view clear:

The responses to puberty are varied. One group of boys tries to deny the pubertal changes and to live as if nothing new has occurred. Anxiety and defense against anxiety characterize this group, and produce many forms which account for the innumerable phenomena of adolescence—a fact, which makes a unified description of this period of life so difficult. However, we know that anxiety is the central feature of this group, and that the universal causes for this anxiety is to be found in the early years of childhood when barriers against sexuality are first erected. The signs of beginning sexual maturity threaten these barriers, and the fear of their dissolution determines the course of puberty in this group, which is called the neurotic group.

In contrast, the second group takes a positive and affirmative attitude to the first signs of sexual maturity. These adolescents behave as if they had desired and yearned for sexual maturity for a long time. This is the group of simple or uncomplicated puberty.

The contrast between the neurotic and this simple puberty is based on one condition: namely that the ideal of being grown up has remained unbroken throughout childhood. To this group, the latency

period is a period of impatient waiting. The first signs of puberty are greeted with a wave of increased self-esteem. The appearance of sexual maturity is appreciated and welcomed as a sign of the fulfillment of the ancient wish to be grown up. Society, however, opposes this wish; the adolescent on his part attempts to assert himself. The *external* conflict is the basic and determining situation for this type and permeates his entire adolescence (5).

The "neurotic type," whose conflicts are primarily inner ones, is frequently described as the typical adolescent, interested in cultural pursuits and steered by idealistic considerations. Social changes since World War I have tended to produce a mixture of "neurotic" and dissocial behavior, often limited to the sexual sphere (5).

The second group is characterized by pronounced coarsening of the sexual life, by stunting of the tender strivings or by their attachment to objects of the same sex. Bernfeld points out that hitherto psychoanalysis has only studied this splitting of sensual and tender strivings in terms of a result of the oedipal conflict. Yet, this type of youth is also forced into such splitting as a consequence of social pressures (5). The author discusses some critical junctures at which the "uncomplicated adolescent" may change into the "neurotic adolescent":

Since external circumstances play a decisive role in this development, the length of their duration is important. Perhaps it is this factor which is responsible for the frequency with which youths in their eighteenth or nineteenth year, after having had sexual intercourse from the twelfth year on, suddenly give up their companions and their usual way of life and go through a period of inner deepening. They may experience a religious conversion or join a political party. This development corresponds to a retarded setting in of neurotic adolescence. Thus years of difficulties, interferences and narcissistic injuries (to which the uncomplicated type of puberty is exposed) finally bring about the same result as that childhood development which, with widespread repression of infantile sexuality and thereby the repression of the sexual aspect of the ideal to be grown up, responded to the inner dangers precipitated by the appearance of puberty, by a neurotic adolescence. Youths, who in the course of puberty switch in one of these many ways into the neurotic group, are of a special type both because of their early history and because of the special qualities of the environment in which their adolescence was passed (5).

In comparing this group with the dissocial group, Bernfeld points out that the abstinence which society attempts to impose tends to produce "actual-neurotic" symptoms such as irritability and anxiety. Both

of these reactions may add to the sum of aggression naturally present and bring this type of adolescent close to the dissocial group.

In a later paper, Bernfeld attempts to develop a more comprehensive schema for adolescent phenomenology (6). By emphasizing the shifting nature of the ego-superego relation in adolescence, he attempts to capture and to classify the transient phenomena of adolescence. Adolescents may be divided into three groups in terms of their attitude toward sexuality. One is extremely compliant to the wishes of the environment, one is extremely rebellious, and the third is the mixed group. This typology is further subdivided by introducing the idea of compliance to or defiance of the internalized past milieu (the superego). Bearing in mind that adolescence is a process, not a state, and that in the course of several years, an adolescent may pass from one subvariety to another, this classification has the merit of considerable elasticity.

Yet it seems questionable whether compliance and defiance, as used by Bernfeld, are adequately exhaustive criteria for a description of an evolving ego-superego relation. For example, humor, as described by Freud, is another indication of a shifting ego-superego relation and already makes its appearance in preadolescence.

More information is needed on the development of the superego at this time of life. "Less clearly has it been realized that at this stage a new set of ideals is frequently chosen . . . during adolescence, identifications gain a new impact; they become more compelling and the need for support from outside is greater" (25). Perhaps the shifting values of our times, with their influence on superego formation in adolescence and their tendency to "maximize compliance" (32), are responsible for the frequent appearance of the pseudomature adolescent and later the pseudomature adult who, although he complies with the serious demands of present-day society, is nevertheless emotionally very close to blind revolt against these demands. On the other hand, it seems questionable whether we find as frequently in our era the revolutionary type of adolescent described in earlier studies. A description of the ego-superego relation is not enough to describe exhaustively the changes in adolescence. Obviously, the genital changes, apart from creating problems in ego defense against id and superego, offer stimuli for ego synthesis and organization. The catalytic and organizing effect of the adolescent genital drives toward object relations, toward intellectual activities and interests, the effect of adequate sexual discharge on the total psychic tension⁴—all these phenomena require an adequate framework for their classification.

4. Bernfeld reminds us that in a sense actual neuroses are a normal part of adolescence.

Object Relations in Adolescence

A consideration of the more individual aspects⁵ of adolescence may well begin with the nature of its object relations. Changes in this area are its outstanding feature (19). The function of adolescence in the life history of the individual is the attainment of genital primacy and the definitive completion of the process of nonincestuous object finding. Thus adolescence begins with the anatomical and physiological genital changes which constitute a necessary precondition for the discharge of sexual excitement via the genital apparatus (3). Adolescence ends when the individual finds a nonincestuous love object, and tender as well as sexual drives are directed toward this same object with the goal of genital sexual gratification, i.e., when sexuality is fully integrated into the personality (3, 16, 30). It is obvious that this upper limit of the adolescent phase is an indefinite one, and this accounts for the fact that many adult neurotics give the impression of adolescents (16). The indefiniteness of the upper limit has led to the description of a special adolescent, a variety of the "neurotic" type, the so-called "elongated" adolescent.⁶

While stressing the central role of the reanimated oedipus complex in the process of object finding, it is maintained that in many cases it may not appear in the clear form described by Freud for early childhood. In healthier adolescents there is at first a clear expression of the oedipus complex which then gradually diminishes. Parent substitutes who have less and less in common with the original parent images are chosen with increasing frequency as maturation continues. Healthy adolescents choose these parent substitutes on the basis of important traits, while in pathological cases trivial similarities and dissimilarities with their own parents may be decisive in their choices (31, 36). A dichotomous splitting of the parent imago into one idealized, revered and one hated, despised, also occurs in adolescence (33).

In the process of object finding and in the development of sexuality, adolescent masturbation has a very important place. The primacy of the genital is achieved, uniting in one act all object-directed strivings. The fantasies, accompanying the masturbatory act, are, with few exceptions, directed toward an object (2).

5. Problems of social organization, of group formation, of shifting social and ethical values, of special aspects of therapy, bulk large in studies of adolescence and require an approach different from the one in this paper. Therefore, important works by Reik, Róheim, Bernfeld, Daly, Redl, Erikson, and many others, must be reserved for separate discussion. As a result, certain important social and sociological aspects of adolescence receive inadequate treatment here.

6. Bernfeld points to the possibility that this type of adolescence may be typical for the artist (3).

The defense mechanisms are directed against the incestuous fantasies of preadolescence. The adolescent turns away from his childhood objects with consequent transformation of significant amounts of object libido into narcissistic libido, and a feeling of isolation. This, in turn, leads to his attempts at regaining contact on a narcissistic basis (15).

In place of the childhood objects, innumerable new relationships are formed in part with contemporaries, and in part with older people, who are obviously substitutes for the renounced parents. These relationships are stormy, exclusive, and brief, and are repeated each time in identical form. They represent identifications of so primitive a type that the adolescent may change his beliefs, his style of clothing, his writing, with each new friend. In this way he temporarily resembles the "as if" type of Deutsch (10). Friendship becomes highly idealized. This aspect of friendship is a response to the fragility of the newly acquired relationship (19). The narcissistic nature of adolescent friendship becomes evident in the functions of the somewhat younger and somewhat older friend. In the older friend, the adolescent finds the kindly, understanding father; in the younger one, he sees his recent self toward whom he acts as the forgiving father, thus relieving his own guilt (36). Consequently, masturbation, telling of sexual stories, become group experiences. A certain type of "neurotic adolescent" displays contemptuous attitudes toward most contemporaries and those in authority, while exempting a selected few to love and admire. There is a tendency to make friends only with those who think and feel as he does. Problems of ego identity, delimitation of the self, homosexuality, group formation, enter here (12, 26, 9).

In general it may be said that adolescent object relations bear the character of restitution phenomena: they are narcissistic attempts at regaining contact with objects following the renunciation of incestuous ones. It is likely that these identification relationships also have the defensive purpose of insuring against the "return of the repressed." How these identifications are further transformed, in late adolescence and early adulthood, into aim-inhibited object relations seems not to have been studied.

Deutsch says that preadolescent girls make a homosexual object choice, those of early adolescence, a bisexual one, and finally, as adolescence advances, the heterosexual choice emerges. The homosexual relation has at times a sadomasochistic quality. Often, and perhaps regularly, the first heterosexual steps are taken in conjunction with the girl friend. A common love of two girls for a teacher may be the first model of such a constellation. A triangular situation with dynamic role

changes, as the triangle evolves, is thus created (10). This constellation also involves problems of ego growth and delimitation.

Deutsch points out that the growth of object relations in adolescent girls may be seriously hampered by an excessive prepubertal attachment to the mother who constitutes a greater danger in this respect than the father. Adolescence then lacks its normal, revolutionary impetus and the object relations of such women express infantile dependence rather than love and friendship (10).

Defense Mechanisms in Adolescence

A consideration of the instinctual situation at prepuberty can best introduce the problem of defense mechanisms in adolescence. The end of the oedipal period finds the child in an equilibrium which changes little during latency. The ego now has certain favored mechanisms of defense; it has become accustomed to a given ratio of instinctual gratification to instinctual renunciation, and to a given postponement of gratification (19). However, in prepuberty an increase in instinctual energy occurs without a qualitative change. Aggressive tendencies and pregenital drives alike are reactivated, reaction formations threatened, oedipal fantasies reappear, and the castration complex in boys and penis envy in girls again occupy the center of the stage (19).

A different view of the prepuberty period in girls is presented by Deutsch who maintains that it is the period of greatest freedom from infantile sexuality and from aggression. It is marked by a thrust of activity which represents not an aggression but an intensive process of adaptation to reality and of mastery of the environment. This thrust of activity precedes the passivity of the female pubertal period (10). It is difficult to reconcile this supposed freedom from infantile sexuality with material the author gives demonstrating the strongest interest in the function of the sexual organs, the preoccupation with prostitution fantasies, and sadomasochistic interpretations of intercourse. Furthermore, the prepubertal girl is described as being full of rage and hatred as well as of dependent, clinging feelings toward the mother. Finally, the comparison between prepuberty and the preoedipal phase is presented (10).

The ego, subjected to the increased instinctual drives, knows only one wish: to regain the equilibrium of the latency period. To achieve its aims, it uses indiscriminately all the defense mechanisms that it used in early childhood and latency (19).⁷ Greenacre has recently de-

7. The various break-throughs of pregenital tendencies, while representing a failure in defense, may also be considered a regressive protection against delinquency (37).

scribed the "prepuberty trauma" which consists in a sexual act at the hands of an adult. The prepubertal girl provokes, or co-operates in, this sexual act, shifting the resulting feelings of guilt to the adult. The experience remains in consciousness and is used as a "real" defense against the demands of puberty(23). From this investigation it becomes evident that external reality may be primarily used for defensive purposes.⁸

With the arrival of puberty the instinctual equilibrium changes.⁹ Threatened by the increase of instinctual pressure the ego makes special use of two defense mechanisms: asceticism and intellectualization. These mechanisms are, of course, at the disposal of the ego in earlier periods, but they become particularly dominant during adolescence. Asceticism consists in an attempt at total suppression of all instinctual gratification. Relief from this massive attack on any form of instinctual gratification as such is obtained by sudden periods of intense instinctual indulgence so that alternating periods of asceticism and indulgence dominate the adolescent picture (19). Asceticism becomes particularly prominent as a defense mechanism during puberty because of the ego's primary antagonism to instincts (19); it is a response to the quantity, not the quality, of the instinctual drive. It is a response to the ego's fear of being overwhelmed, of losing its organization—a fear which probably originated at the time of separation of ego from id (19).

Rather than assuming a primary antagonism of the ego to instincts, Fenichel argues that "it is precisely in order to avoid such 'traumatic situations' [the overwhelming of the ego by instincts] that the ego develops its capacity to give the danger signal and that the intention of the ego to make instinctual gratifications possible is underestimated" (15). Asceticism may be the response of the ego to a situation in which it cannot master great quantities of excitation through discharge according to the pleasure principle. One must inquire whether cultural conditions make adequate gratification possible during adolescence (5, 15) and whether mechanisms of gratification themselves require time to become functionally adequate during adolescence.

On the other hand, it has also been pointed out that the differentiation of the ego from the id presupposes a certain degree of repudiation

8. In this connection it is interesting to note a comment by Berta Bornstein that prepubertal experiences may be decisive for the formation of psychopathic personality—a type particularly prone to become entangled with the environment (7).

9. Fenichel writes: "If it were possible finally to liquidate the Oedipus complex by satisfactory sexual experiences with non-incestuous objects, adjustment [in adolescence] would be easier. The fact that this is difficult to achieve under present-day conditions leads to the intensification of the Oedipus complex and therefore to the intensification of sexual anxieties" (16).

of instinct (34). Still, it remains debatable whether the primary inhibitory function of the ego should be offered as evidence of a primary antagonism of the ego to instincts as is apparently meant.

The defensive role of the intellect is, of course, also at the disposal of the ego from early years but it rises to special prominence during adolescence as a response to the quantitative change in instinctual drive (19). It manifests itself in endless discussions on abstract, political and philosophical themes (3, 19). The level of thinking may be high and the viewpoint may be astonishingly broad, but a close connection between this intellectual activity and its application to life is characteristically absent. Discussions exist for their own sake. This is in contrast to the attitude of the latency child whose interests are centered on concrete problems and on activity (19).

Many of the concepts of adolescents simply mirror inner instinctual processes. Intellectualization as a defense consists in an extreme attentiveness and alertness to the instinctual drive and an attempt to master it on the level of thought (19).

Creativity in Adolescence

Many adolescents experience the urge toward creativity.¹⁰ Some of the conditions for adolescent creativity have been described under the heading of severe narcissistic injury at the time of the oedipal conflict, the early ideal formation with a compulsion toward such a formation, and a severe superego with a pronounced mother identification (3, 4).

The wish to produce does not begin in adolescence but goes back to earliest childhood, representing the desire to produce a child during all phases of development. In adolescence, with the re-enactment of the oedipal conflict, this desire is also mobilized and expressed in the urge to creativity (4).

According to Bernfeld, the instinctual conflict finds the following characteristic solution in the creative adolescent: the incestuous libidinal drives are deflected to other permissible objects, fantasies, values, ideas, which may be called "also-objects." Creativity itself, in this form of adolescence, is approved by the ego ideal (4). Rank showed that dramas written in adolescence concern themselves, without exception, with problems of incest. He explains the sudden cessation of creative activity, which occurs so frequently toward the end of adolescence, as a result of the inability to master the incest conflict (4).

10. The diary is probably the most usual creative activity and in it are recorded not only objective events but reflections, plans and recollections (10). The writing of poetry and other literary efforts in adolescence have been especially studied (4, 10, 18).

The problem of the transformation, in adolescence, of the defensive function of artistic creativity into one that is more truly creative and progressive has also been studied. The solution that has been found is the one generally valid for all art forms. When the adolescent sacrifices his private needs to the demands of communicability, he thereby finds his way back from fantasy to reality (17). The transformation consists primarily in a modification of the *form* of art products (4). The motor for the renunciation of gratification derived from private daydreams (as recorded in diaries) is to be found in the ambitious strivings of the adolescent for the fame and power to be gained from impressing a wide audience (4).¹¹ The genetic history of a true art product, a short story written by an adolescent girl, has been traced from a beginning in masochistic beating fantasies to happy daydreams, and from there to the short story itself. The beating fantasy represented the fulfillment of the sensual, sexual drives of the anal-sadistic level; the happy daydreams, the fulfillment of the aim-inhibited tender tendencies of the oedipal period. The short story, however, sacrificed these private libidinal gratifications to the needs of public communication to an audience (17).

The hero of those literary products that are closely related to daydreams represents the author's ego ideal, for which he pleads in order to obtain sympathy, recognition and love. Particularly in late puberty, "when the erection of the ego ideal and the ego's conflict with the ego ideal play the central role, are there many motives for the production of such works" (4).

Sexual Activity in Adolescence

Except for the previously quoted comments by Fenichel, psychoanalytic literature lacks any explicit discussion of the problem of whether sexual intercourse in adolescence is healthy or unhealthy and of whether it could alleviate the enormous tension of that period. Bernfeld has pointed out that those adolescents who determinedly seek sexual intercourse must face the strong opposition of society¹² and consequently their sexuality becomes significantly coarsened (5). Deutsch claims the same in respect to girls (10). Federn suggests that adolescent sexual intercourse in itself may have a coarsening effect; that some

11. In this transformation of the defensive function of artistic activity, the emphasis on communication contains links with Piaget's work on the changes in egocentric thinking which have not yet received analytic attention.

12. Because of the much higher rate of adolescent intercourse among "lower-class" males, one must consider the likelihood of "class" variations in the attitudes toward early sexual intercourse (27, 32).

degree of asceticism is necessary for the development of a finer understanding of the erotic life. He adds, however, that one should not push this demand at the cost of health (13). "Comparative pubertal research" (Fenichel) will be of value here.

Despite the great attention given to the problem of adolescent masturbation in analysis, there have been few reports in the literature which are specific contributions to this topic. It is generally accepted today that masturbation is not harmful if moderately employed, with full awareness of the action, its associated fantasies, and with attainment of orgasm. Its excessive use may be harmful, for psychological reasons rather than physiological factors. When masturbation is overfrequent it is an indication of psychopathology. Instead of attempting to modify the external world for purposes of ultimate gratification, these "masturbation characters" (Balint, 2) turn more and more frequently to their own genital.

Considerations of chemical and physiological changes, of neurasthenia and anxiety neurosis following excessive masturbation and abstinence, which were so frequent in older analytic writings, have disappeared today.¹³ Still, it is worthwhile recalling that Freud firmly retained the idea in 1912, and did not renounce it later on, that "at times" adolescent masturbation is harmful. Furthermore, he mentions that it also results "at times" in a permanent diminution of potency, but adds dryly that that is not necessarily undesirable since "virtue with full potency would be a heavy task" (20).

Ferenczi maintains that masturbation is both psychologically and physiologically different from coitus and points out that forepleasure is missing and fantasy tremendously increased in the masturbatory act. Forepleasure brings many parts of the central nervous system into a state of excitation and its absence must be of significance (14). Freud seems to be thinking along the same lines when he says that it may be the differences between masturbation and intercourse which are the bearers of the pathogenic action of masturbation (20).¹⁴

The struggle against masturbation which plays so prominent a role in adolescence is, of course, of such violence because of the associated oedipal fantasies. The conflict may be solved in specifically neurotic ways, as for instance by the dissociation of the masturbatory activity from the fantasies, a solution which is frequently found in obsessive-compulsive types. This constellation is frequently preceded by a phase during which the masturbatory fantasies contain either anonymous

13. Cf. Annie Reich, "The Discussion of 1912 on Masturbation, and Our Present-Day Views," *this volume*, p. 80; Ernst Kris, *this volume*, p. 95.

14. For an extensive discussion of these problems, cf. Jeanne Lampl-de Groot (35).

objects or objects vague in outline. Often the masturbatory fantasies are completely repressed but may manifest themselves in hysterical conversion symptoms, especially in female adolescents. According to Deutsch, masturbation in girls may either begin or stop in connection with the menarche. The task that has to be achieved by the adolescent girl in order to attain full femininity is a twofold one: Firstly, there has to be a shift of cathexis from the clitoris to the vagina; and secondly, a shift from activity to passivity. The first menstruation, as a sign of biological maturity, may play an important role in this process, either by supporting the feminine tendencies with all the fantasies concerning passive-masochistic gratification, pregnancy and childbirth; or, on the contrary, leading to a rejection of femininity by increasing penis envy and the castration complex. Unconsciously, the first menstruation is experienced as an injury to the genital, as a castration, and as a punishment for masturbation (8).

Helene Deutsch emphasizes the double sexual role of womanhood, namely that of mother and lover. Characteristic of the young girl's erotic longing is the expectation of sexual experience as distinct from motherhood. Only later and gradually, perhaps not until the actual sexual experience has taken place, do the two tendencies become closely interwoven, either mutually supportive or in conflict with one another (10).

Aspects of Ego Functioning

A study of the differences between adolescence and early childhood is expected to throw much light on problems of ego development, just as the study of similarities between the two periods has thrown light on libidinal development (19). The massive libidinization of the ego, the counterpart to the withdrawal of object cathexes, makes adolescence a period of prolonged and frequently painful narcissism. A number of contradictory traits, often considered characteristic of adolescence, are probably subsumed under this heading, such as altruism and selfishness, gregariousness and solitariness, indulgence and asceticism. It is also maintained that the contradictory attitudes are due to newly strengthened drives and defenses against them (16). However, it does seem necessary to assume some dysfunction of the ego to explain the toleration of these contradictions.

An increased sensitivity to inner changes both of a somatic and of a psychological nature are, of course, consequences of the increase in narcissistic libido. The working over of the inner psychological changes

on a mental level constitutes the defense described as intellectualization. The numerous friendships on the basis of identifications, likewise attributable to the narcissism of that period, are obviously akin to restitution phenomena. The need to experience the self as a separate entity (the "individualism" of adolescence) becomes acute at this time and appears to be another aspect of the same restitution process. Hoffer studied the process in a hebephrenic boy in whom a concurrently increasing megalomania kept step with increasingly desperate attempts to attach himself to his fellows and yet not lose his identity (26).

These manifestations of significant ego dysfunctions make the comparison to the initial phases of a psychosis an instructive one (19). The attempts at contact, the increased awareness of somatic processes, the understanding of inner changes, all these appear to be points of similarity between the two states. The increase in instinctual tension and the increased defensive procedures of the ego in both cases are the common agents. But the particular similarity between adolescence and the psychotic episode lies in the emergence of primitive defensive procedures, belonging to the ego's fear of the strength of instincts—a fear older than superego anxiety or real anxiety (19).

Specific changes in the narcissistic libido occur at puberty and are quantitatively different in the sexes. The male retains the narcissistic estimation of his own penis to a great extent throughout his life, while the woman, on reaching maturity at puberty, is obliged to renounce this high valuation and instead to prize the beauty of her figure and face. Or to express the same thing in a formula: in men, the genital continues to be the center of their narcissism, while in women there is a secondary narcissism, which becomes attached to the body as a whole—the whole body becomes a genital (24). The basis for the libidinal shift from the genital to the body as a whole is found in the wave of repression, occurring at puberty, which relates especially to the sexuality associated with the clitoris (24).

A similar libidinal shift occurs in the male sex, but less powerfully, as it seems. "Men cannot continue, any more than women, to center their narcissism upon the genitals without some sacrifice. Under the pressure of the castration complex, they are obliged—in a manner analogous to the processes which characterize puberty in females—to effect a secondary cathexis of the whole body with a part of the narcissistic libido and to bring about a displacement of libido on to interests, the aim of which is to increase their bodily strength. With this conclusion we touch upon the process which may be called the formation of the ego-ideal of 'manliness'" (24). This view of the process at puberty has been summarized as a tendency toward a secondary re-

activation of the prenatal diffused sexuality, the stage of primary narcissism (24). An increase in the "libidinal cathexis of the body ego" is also found at puberty as a result of characteristic pains arising from the sexual changes. Thus the boy often experiences painful sensations in the vas deferens due to inadequate discharge; the girl often has pain at the introitus and breasts. Both suffer from various cramps and low back pain (36).

The integration of the maturing genitals and of the secondary sexual characteristic into the body image is a gradual and at times conflict-ridden process. The pubic and axillary hair and the breasts become the source of conflict, and the question as to whether to be a man or a woman may be displaced from genital to breast (36). The acceptance of the sexually competent penis may also be a gradual affair. The loss of control, manifested in the involuntary erections and emissions of this period of life, is a severe blow to the narcissism of the male adolescent. Particularly the nocturnal emissions reactivate the early conflicts centering on enuresis. After the defeat represented by the first involuntary emission, competition in this field (whose penis is the biggest, the hardest, who can have an orgasm most quickly, who can keep it back the longest, who can spurt the furthest?) may lead to a complete transformation of the "penis urinator" into the "penis phallus" (36).

A number of other characteristic ego dysfunctions for the age will be mentioned here: fainting, excessive sleepiness, feelings of unreality (often a result of repression of orgasmic sensations as well as the result of repression of sensations derived from accidental contact with the genitals) and various disturbances in motility (36).

Decisive and permanent changes of character may occur as a result of impairment of the ego-superego relation at this time. The superego may be treated as an incestuous object in so far as it is still invested with libido stemming from the parental relationships. The adolescent experiences this estrangement of his superego as a severe blow and this in turn increases the danger from the instinctual drives (19). Now the ego, deserted by the superego in its struggle with the rising tide of instinctual need, may succumb more readily to the id and then the conditions are present for the development of an "impulsive character" (16). On the other hand, the ego may be able to retain a completely rigid control of the id at the cost of a permanent impoverishment of the emotional life (19). Because of the incapacity to tolerate and synthesize the polarities of love and hate, the weak ego of many adolescents falls apart repeatedly and "the whole period of adolescence becomes a series of psychoses and neuroses" (36).

Treatment of Adolescents

Analysts "have tended to be cautious about analyzing adolescents" (22) because a reasonably reliable ego is required for the application of the classical technique. Indeed, some have dismissed it as inadvisable without offering substantiating evidence, as if this point of view were self-evident.

Perhaps instead of stressing only the dangers of analysis or its total inadvisability (without presenting evidence), it would be more fruitful to think of adapting psychoanalysis to the adolescent's particular situation. It is surprising that this possibility has not led to the publication of explicit discussions of an introductory phase in the analysis of adolescents analogous to the one used with children (18) and delinquents (11). Here instructive similarities and dissimilarities may appear. Perhaps a period of education to self-observation will be necessary in some cases.

One aspect of the initial phases of analysis has received some attention. This is the need to make rapid contact with the adolescent. The defiant and rebellious attitude of the adolescent may bring about the early termination of the analysis unless access is gained quickly to the affects manifested in the transference (33). Melanie Klein attains this quick access by deep interpretations of unconscious transference material. Some of Aichhorn's comments on the treatment of dissocial adolescents could probably find application in the introductory phase of analysis of many adolescents. He stresses the importance of the first meeting which must have the appearance of certainty and ease (1). The work done by Stern on the technical problems in the analysis of borderline patients may find application in the analysis of adolescents (22).

It is well known that in the terminal phase of adult analysis, long-withheld transference fantasies as well as other secrets are finally discussed and dissolved; whereas the adolescent frequently terminates his analysis without having revealed these important fantasies (39). Furthermore, there is a great readiness to give up the analyst, indicating that a "full-blown transference never had developed—the analysis as such had been incomplete" (39). This readiness to give up the analyst may be the counterpart of the newly developing object relations. The point is also made that the revelation itself of fantasies about new love objects, while in analysis, may tend to retard the healthy separation from incestuous objects, because the awareness of the incestuous representation in the new object might act as a "temptation to relapse" (to the old object) (31). Since in any neurosis, incestuous objects are significantly

cathected, the process of analysis inevitably and universally creates such "temptations" but since they do not usually prove to be unmanageable, the particular difficulty in adolescent analysis may be due to the powerful forward surge toward new objects that occurs at this time (31).

The splitting in adolescence of parental images into loved and hated ones makes it necessary to analyze deeply both types in order to achieve a thorough working through of the oedipus complex (33).

As to the need for analysis in adolescence, it is said that neurotic disturbances appear temporarily in most adolescents but that a few talks, which take care of the current situation, suffice. However, in a few cases a prolonged and thorough analysis cannot be avoided (36).

Countertransference problems may interfere significantly with the analysis of adolescents; particularly certain expectations of the analyst—which may be a reflection of his own feeling of "If youth but knew. . ."—may disturb the progress of the analysis (36). In a society which stresses conformity, the pressure within the analyst toward having his adolescent patient "adjust" and "succeed" is probably very strong and it may be more difficult for him to refrain from imposing his philosophy and hopes on his adolescent patient than on his adult ones.

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